



October 14, 1997

ALL COUNTY LETTER NO. 97-59

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY AFDC PROGRAM
MANAGERS

REASON FOR THIS TRANSMITTAL

- | | |
|-----|---|
| [X] | State Law Change |
| [] | Federal Law or Regulation Change |
| [] | Court Order |
| [] | Clarification Requested by One or More Counties |
| [] | Initiated by CDSS |

SUBJECT: IMPLEMENTATION OF GRANT STRUCTURE AND AID PAYMENT PROVISIONS - CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) PROGRAM

REFERENCE: ASSEMBLY BILL (AB) 1542, Chapter 270, Statutes of 1997, ACIN I-51-97

The purpose of this letter is to provide counties with the instructions they requested for implementing the new grant structure and aid payment provisions of AB 1542, Chapter 270, Statutes of 1997. This letter includes information on: the treatment of income from family members living in the home, self-employment income, lump sum income and inconsequential and small nonrecurring cash gifts income. In addition, the letter addresses the changes in the income disregards, including the dependent care disregard, and provides instructions on the change in determining an applicant or recipient's financial eligibility.

These implementation instructions are effective January 1, 1998 and apply to the January payment month. AB 1542 authorizes the California Department of Social Services (CDSS) to implement the statute initially through the All County Letter (ACL) process in order to meet the January 1, 1998 implementation date. The CDSS will adopt emergency regulations implementing the grant structure and aid payment provisions no later than July 1, 1998. The CDSS will issue additional ACLs to provide instructions for implementing other provisions of this law.

IMPLEMENTATION INSTRUCTIONS

Below is a description of the AB 1542 requirements. Also provided is the clarification of rules and terms necessary to ensure equal treatment of applicants and recipients, and as requested by counties.

- (1) ***Definition of Whose Needs and Income are Considered in Determining Eligibility and Grant Amount (WIC Sections 11450.04 and 11451.5)***

Family

For purposes of computing the eligibility and grant amount in CalWORKs, family income is to be used. "Family" includes all members of the Assistance Unit (AU) plus certain Non-AU members living in the home specified in WIC Section 11008.14. The spouse of an aided child is also treated as a family member per Eligibility and Assistance Standards (EAS) Section 44-133.9. In addition, the individuals described in EAS Section 44-133.5 are also treated as a family member per ACL 97-57 which implements the Ortega court order. Persons receiving SSI/SSP are not included as a family member for purposes of calculating the AU's grant. Existing rules allow a stepparent or senior parent who is otherwise eligible the option to be included in the AU. This option continues under CalWORKs.

(2) *Definition of Income* (WIC Sections 11451.5)

AB 1542 establishes a new category of income "disability-based unearned income", and amends the definition of earned income. Unearned income still encompasses all income not defined as disability-based unearned income or earned income.

Disability-Based Income

Disability-based unearned income is defined as State Disability Insurance (SDI) benefits, private disability insurance benefits, Temporary Workers' Compensation (TWC) benefits, Temporary Disability Indemnity (TDI) benefits, and Social Security Disability Insurance (SSDI) benefits. This amends, as appropriate, EAS Section 44-101.5.

Earned Income

Earned income is defined as gross income received as wages, salary, employer provided sick leave benefits, commissions, or profits from activities such as business enterprise or farming in which the recipient is engaged as a self-employed individual or as an employee.

(3) *Financial Eligibility* (WIC Sections 11267 and 11450.12)

The method for determining the financial eligibility of an Assistance Unit (AU) is being modified. Although AB 1542 does not eliminate the 185 Percent of the Minimum Basic Standard of Adequate Care (MBSAC) gross income test (EAS Section 44-207.2), the Department believes that anyone who would fail the 185 percent gross income test would also fail the new net income test so that no separate gross income test is necessary. AB 1542 establishes separate net income Financial Eligibility tests for applicants and recipients.

Effective January 1, 1998, separate net income eligibility tests for applicants and recipients are established. The existing net income tests for both applicants and recipients are based on deeming income from Non-AU family members to the AU. The new net income tests are based on the total nonexempt income from all family members which is compared to the MBSAC or MAP for that family. For purposes of computing financial eligibility and grant amount, the family includes all members of the AU and those family members referenced in WIC Section 11008.14 who are excluded from the AU (Non-AU family members).

An applicant family's gross nonexempt income, excluding the first \$90 of earned income for each employed person, cannot exceed the MBSAC for the family. An applicant family who meets the applicant net income test and is determined to be otherwise eligible for CalWORKs is subject to the "recipient" net nonexempt income test prior to the authorization of aid.

A recipient family's net nonexempt income cannot exceed the MAP for the family. The recipient's eligibility, including the application of the net income test and the AU composition, is determined prospectively as done currently. When adding a new person to an existing AU, the AU is subject to the "recipient" net income test for determining the Financial Eligibility of the reconfigured AU. See Attachment 1 for examples of the new method of determining financial eligibility for both applicants and recipients.

(4) ***Treatment of Income*** (WIC Sections 11008, 11155.3, 11157 and 11451.5)

The existing income definitions and treatment of income are retained except for the changes noted below.

Income Disregard

Effective January 1, 1998, AB 1542 amends the method of determining net nonexempt income (NNI) in the grant computation by eliminating the existing income disregards and replacing them with new income disregards. The following existing income disregards are eliminated: (1) \$30 and 1/3 earned income disregards, (2) \$90 standard work expense, (3) dependent/child care costs, (4) court-ordered child/spousal support paid by family members to persons outside the home, and (5) support paid by Non-AU members to others not living in the home who are claimed as federal tax dependents (EAS Sections 44-113.214, .215, and .216, .217, .9 and 44-133.53, 63 and .75). See Dependent Care Disregard below for instructions on how recipients will be reimbursed for child care beginning January 1, 1998.

The new income disregard exempts the first \$225 of any disability-based unearned income and/or earned income plus 50 percent of any remaining earned income. The \$225 income disregard is deducted from the total of the family's disability-based unearned income first. If the total disability-based unearned income is less than \$225, the remainder of the \$225 income disregard is applied to any earned income received by family members before disregarding 50 percent of the remaining earned income. If the disability-based unearned income exceeds \$225, only \$225 is disregarded and then 50 percent of any earned income is disregarded. Any remaining disability-based unearned income is treated as part of the family's net nonexempt income. See Attachment 3 for examples of how the new income disregards are used in the new grant computation.

Dependent Care Disregard

The dependent care disregard, which provided a maximum deduction of up to \$175 per dependent (\$200 per child under age two) to working recipients for necessary child care and adult care costs (EAS Section 44-113.217) is eliminated from the grant computation on January 1, 1998. It is being replaced with a child care payment system which provides direct payments to the child care provider. While payment systems are being modified to issue

child care payments directly to providers, counties are allowed to reimburse recipients directly for their child care costs for a six month period beginning January 1, 1998.

Due to the elimination of the child care disregard on January 1, 1998, recipients who incur child care costs in November and December 1997 will not receive the disregard for that expense for their January and February 1998 aid payments. Counties are to reimburse recipients for their November and December child care costs. Counties may choose to continue to use the system that was available under the Supplemental Child Care (SCC) program even though the SCC program will no longer be in effect or may use any other payment system. Payment will be based on expenses documented on the November and December monthly reports. Counties may refer to ACL 95-22 for instructions on issuing such payment to families for unreimbursed child care expenses when they are discontinued from aid. In addition, an ACL providing additional instructions for implementing the child care provisions of AB 1542 will be issued.

Self-Employment Income

AB 1542 gives self-employed recipients the choice of establishing their business expenses based on a standard deduction of 40 percent of gross income or using actual verified expenses based on Food Stamp Program rules (Food Stamp Manual Section 63-503.4). These rules also allow for averaging income and expenses in certain situations. Once the self-employed recipient chooses a method of determining his/her self-employed net income, the recipient cannot alter that methodology until redetermination or every six months, whichever occurs sooner.

Inconsequential/Small Nonrecurring Cash Gifts Income

AB 1542 eliminates the \$30 per person per quarter exemption for small nonrecurring cash gifts referred to in EAS Section 44-111.44. It establishes an exemption for income received too infrequently to be reasonably anticipated as allowed by the federal Food Stamp regulations. Refer to Food Stamp Manual Section 63-502.2(d) for the treatment of this income.

Lump Sum Income

AB 1542 eliminates the lump sum rule (EAS Section 44-207.4) which required an automatic Period of Ineligibility (POI) for families receiving lump sum income. Thus, all POIs are terminated effective December 31, 1997. To the extent the individuals with an existing POI can be identified, counties should notify the affected households of the change and that they may reapply for assistance on or after January 1, 1998. A lump sum is treated as standard income in the month received and any remaining income becomes property on the first of the next month. However, AB 1542 requires that recipients who transfer assets, including income and resources, for less than fair market value will get a POI. Instructions on the POI transfer of assets will be provided in another ACL.

With the elimination of the lump sum rule, the extensive noticing requirements that resulted from the Rutan v. McMahon court order can be discontinued. The Rights, Responsibilities and Other Important Information form (SAWS 2A) will be modified and will be available by December 1, 1997. In addition, counties should discontinue any use of the

lump sum rule notices, the TEMP 2110 and TEMP 2110A. Counties should also revise the language on the notices of action (NOAs) sent to families that are beginning a POI resulting from lump sum income to state that they may reapply for aid again on or after January 1, 1998, with the implementation of CalWORKS.

(5) ***Grant Computation/Aid Payment*** (WIC Sections 11254, 11450(a), 11451.5, 11451.6 and 11453.1)

Effective January 1, 1998, the AU net nonexempt income (NNI) is applied against the MAP. The amount of aid is determined by subtracting the family's net nonexempt income from the MAP for that family.

For recipients whose January 1998 grant will be retrospectively budgeted, new rules will apply to the income from the budget month of November 1997 for purposes of computing the January 1, 1998 grant amount. For applicants and recipients whose January 1998 grant is prospectively budgeted, the January 1998 grant is based on the January 1998 budget month income using the new rules. Attachment 2 provides several examples of the revised grant computation method.

The total gross income, less applicable exemptions and deductions, of all family members living in the home is used to determine both the financial eligibility and the grant amount of the AU. With the exception of family members receiving SSI/SSP, the income of both AU and Non-AU members as defined in WIC Section 11008.14 is counted. The income disregards are applied to the total disability-based unearned income and earned income received by all family members when calculating the net nonexempt income. The net nonexempt income is subtracted from the MAP for the entire family, including AU and Non-AU members, resulting in the potential grant. The actual grant amount is the lower of the potential grant or the MAP amount for the AU members. See Attachment 2 for examples of the new method of deeming income from Non-AU members. The treatment of income for ineligible aliens as required under the Ortega v. Anderson court order effective December 1, 1997 is handled in ACL 97-57.

MAP Levels

Those MAP levels in effect as of July 1, 1997 will continue to be used October 31, 1998. MBSAC levels in affect as of July 1, 1997 will continue to be used through June 30, 1998, and then will be adjusted on July 1, 1998 for the cost of living increase by the Legislature. In addition, AB 1542 retains the authorization for the use of two MAP levels for Exempt and Nonexempt status. AUs eligible to receive an Exempt MAP are limited to families where each of the adult relative caretakers in the AU meet one of the following conditions: the individual is disabled and receiving Supplemental Security Income/State Supplementary Payment (SSI/SSP) benefits or In-Home Supportive Services (IHSS) benefits; or the individual is disabled and receiving State Disability Insurance (SDI) benefits or Temporary Workers' Compensation (TWC) benefit; or the individual is a non-needy non-parent caretaker relative who is not included in the AU.

Because of the termination of certain federal waivers a number of existing categories are no longer eligible for the higher Exempt MAP. The following exemptions (EAS Section 89-110.2) have been eliminated for purposes of establishing eligibility for Exempt MAP status: (1) the receipt of Social Security Disability Insurance (SSDI, Retirement and Survivors Disability Insurance, Old Age Survivors Disability Insurance), (2) cases that have "incapacity" as the basis of deprivation; (3) cases which are exempt from GAIN due to incapacity; (4) cases which are GAIN exempt due to the caretaker's need to care for another individual in the household; and (5) students under age 19 who are enrolled in a program that will lead to a high school diploma or its equivalent. Counties must identify those cases that are currently eligible for an Exempt MAP and determine whether the case meets the new exemption criteria. If the case is no longer eligible for "exempt" status, the recipient's January 1998 grant must be calculated using the Nonexempt MAP. See Attachment 3 for a comparison of exemptions eligible for the higher MAP and the exemptions which have been eliminated as a basis for the higher MAP.

Special Needs, pursuant to EAS Section 44-211, for all members of the family should be added to the MAP for the family when calculating the potential grant. Special Needs for AU members only should be added to the MAP for AU members when comparing the potential grant with MAP for purposes of calculating the aid payment.

FORMS/NOTICES OF ACTION (NOA) Messages/NA FORM

The CDSS has developed a revised budget worksheet, the CW 30, CalWORKs Budget Worksheet, as a recommended form (Attachment 4). NOA language has been amended to conform with the change in the grant computation and the change in the treatment of income provisions required by AB 1542 (Attachment 5). In addition, NA forms have been revised (Attachment 6).

INFORMING REQUIREMENT

The CDSS has developed language for an informing notice which can be reformatted at the county's discretion. This informing language contains information regarding the changes which affect the recipient's financial eligibility and aid payment (Attachment 7).

TRANSLATIONS

Counties should call the Forms Management Bureau for camera-ready copies of any form, NA form, NOA message or suggested informing language in any language. However, counties that have provided Language Services Bureau with a county contact and the specific languages needed in their county (Spanish, Chinese, Cambodian, and Vietnamese) will automatically be sent those languages as soon as the document (form/NA form/NOA messages) is translated.

FISCAL CLAIMING

The Department is working closely with the California Welfare Directors Association Fiscal Committee to revise, as appropriate, the Cost Allocation Plan and claiming systems. Until counties are notified of changes, the CDSS's current reimbursement and advancing systems and the administrative and assistance claiming instructions will remain in effect.

DATA REPORTING

The CDSS is currently assessing reporting requirements and management information needs relative to CalWORKs. Information will be provided regarding new or revised reporting requirements on a flow basis via ACL.

If you have any questions regarding this letter or need additional information, please contact the following staff:

Subject	Contact Person	Phone
Treatment of Income	Julie Lopes	(916) 654-1786 or CALNET 464-1786
Grant Computation or Aid Payment	Dennis Ragasa	(916) 654-1063 or CALNET 464-1063
CA 30	Elizabeth Allred	(916) 657-3350 or CALNET 437-3350
Informing Language	Donna Morgan	(916) 657-2314 or CALNET 437-2314
Data Reporting	Information Services Bureau	(916) 653-3850 or CALNET 453-3850
Fiscal Claiming	Fiscal Policy Bureau	(916) 657-3440 or CALNET 437-3440
Spanish and Asian Translations	Forms Management Unit	(916) 657-1984 or CALNET 437-1984 FAX (916) 653-7395/ CALNET 453-7395
Camera-ready English/Spanish Versions	Forms Management Unit	(916) 657-1984 or CALNET 437-1984

Sincerely,

BRUCE WAGSTAFF
Deputy Director
Welfare to Work Division

Attachments

EXAMPLES OF DETERMINATION OF FINANCIAL ELIGIBILITY

Example 1: Applicant applies for assistance for herself and her one dependent child. The mother (applicant) works part-time for \$600 per month. The family is non-exempt and lives in Region 2.

Applicant Eligibility Determination:

\$600	Earned Income
<u>-90</u>	\$90 Earned Income Disregard
\$510	Total Net Nonexempt Income
\$578	MBSAC for Two
	Family is eligible for CalWORKs
	(MBSAC>Net Nonexempt Income)

Example 2: Applicant applies for assistance for herself and her one dependent child. The applicant is unemployed and receives \$500 a month in Unemployment Insurance Benefits. The family is nonexempt and lives in Region 2.

Applicant Eligibility Determination:

\$578	MBSAC for Two
\$500	Net Nonexempt Unearned Income
	Family is eligible for CalWORKs
	(MBSAC>Net Nonexempt Income)

Recipient Eligibility Determination:

\$434	MAP for Two
<u>-500</u>	Net Nonexempt Income
\$ 0	Potential Grant
	Family is ineligible for CalWORKs due to excess net nonexempt income.
	Application is denied.

Examples of Determination of Financial Eligibility

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Example 3: Recipient receives cash assistance for herself and one child. The mother works full-time for \$1025 per month. The family is nonexempt and lives in Region 2.

Recipient Eligibility Determination:

\$1025	Earned Income
- <u>225</u>	\$225 Income Disregard
\$ 800	Net Nonexempt Earned Income
\$ <u>-400</u>	50% Earned Income Disregard
\$ 400	Total Net Nonexempt Income

\$ 434	MAP for Two
<u>-400</u>	Total Net Nonexempt Income
\$ 34	Aid Payment

Example 4: Stepparent Case

Applicant applies on behalf of herself and her two dependent children. Also living in the home is a stepparent and his separate child. Stepparent earns \$800 per month from full-time employment. Mother receives \$300 per month in State Disability Insurance benefits. No other income is received by family members. The AU resides in Region 2 and is eligible for Exempt MAP.

Applicant Eligibility Determination:

\$ 800	Earned Income
- <u>90</u>	\$90 Earned Income Disregard
\$ 710	Net Nonexempt Earned Income
\$ <u>+300</u>	Disability-Based Income (Not subject to \$225 Disregard at application)
\$1010	Total Net Nonexempt Income
\$ 945	MBSAC for Five (Includes AU and Non-AU Family Members) Family is ineligible for CalWORKs (Net Nonexempt Income>MBSAC)

EXAMPLES OF NEW GRANT COMPUTATION

Example 1. Recipient with two children. Recipient works full-time earning \$775 per month. No other income. Family is nonexempt living in Region 1.

Eligibility/Grant Computation

\$ 775	Earned Income
- <u>225</u>	\$225 Income Disregard
\$ 550	Nondisregarded Earned Income
- <u>275</u>	50% Earned Income Disregard
\$ 275	Total Net Nonexempt Income
\$ 565	AU's Nonexempt MAP for 3 (Region 1)
- <u>275</u>	Net Nonexempt Income
\$ 290	Grant Amount

Example 2: Recipient with two children. Recipient works part-time earning \$800 per month. Recipient also receives \$300 in Social Security Disability Insurance benefits. Family is nonexempt living in Region 1.

Eligibility/Grant Computation

\$ 300	Disability-based Unearned Income
- <u>225</u>	\$225 Income Disregard
\$ 75	Nonexempt Disability-Based Income
\$ 800	Earned Income
- <u>400</u>	50% Earned Income Disregard
\$ 400	Net Nonexempt Earned Income
+ <u>75</u>	Nonexempt Disability Based Income
\$ 475	Total Net Nonexempt Income
\$565	AU's Nonexempt MAP for 3 (Region 1)
- <u>475</u>	Total Net Nonexempt Income
\$ 90	Grant Amount

Examples of New Grant Computation

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Example 3: Recipient with two children. Recipient works part-time earning \$775 per month. One child receives \$150 in Social Security Disability benefits. Family is nonexempt living in Region 1.

\$ 150	Disability-Based Unearned Income
- <u>225</u>	\$225 Income Disregard
-\$ 75	Nonexempt Unearned Disability-Based Income
\$775	Earned Income
- <u>75</u>	Remainder of Disregard (\$225-150)
\$700	Nonexempt Earned Income
- <u>350</u>	50% Earned Income Disregard
\$350	Net Nonexempt Earned Income
+ <u>0</u>	Nonexempt Unearned Disability-Based Income
\$350	Total Net Nonexempt Income
\$565	AU's Nonexempt MAP for 3 (Region 1)
<u>-350</u>	Net Nonexempt Income
\$215	Grant Amount

Example 4: Mother and Father and their two children are recipients of cash assistance. Mother works part-time earning \$800 per month. Father receives \$150 in Social Security Disability benefits each month. Father received \$300 in Unemployment benefits. Family is nonexempt living in Region 1.

\$ 150	Disability-Based Unearned Income
- <u>225</u>	\$225 Income Disregard
-\$ 75	Nonexempt Unearned Disability-Based Income
\$775	Earned Income
- <u>75</u>	Remainder of Disregard (\$225-150)
\$700	Nonexempt Earned Income
- <u>350</u>	50% Earned Income Disregard
\$350	Net Nonexempt Earned Income
+ <u>0</u>	Nonexempt Unearned Disability-Based Income
<u>+300</u>	Nonexempt Unearned Income
\$650	Total Net Nonexempt Income
\$673	AU's Nonexempt MAP for 4 (Region 1)
<u>-650</u>	Net Nonexempt Income
\$ 23	Grant Amount

Examples of New Grant Computation

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Example 5: Minor Parent

Minor Parent is receiving aid for herself and her dependent child. Minor parent lives with both her parents and a sibling. One senior parent earns \$900 per month from full-time employment. The other senior parent earns \$400 per month from part-time income and receives \$125 in State Disability Insurance benefits . The minor parent has no income. The minor parent is nonexempt and resides in Region 1.

Eligibility/Grant Computation:

\$125 Disability-Based Unearned Income
-225 \$225 Income Disregard
-\$100 Net Nonexempt Disability-Based Income

\$1300 Gross Family Earnings
- 100 Remainder of \$225 Disregard
\$1200 Earnings Subject to 50% Disregard
\$ 600 Net Nonexempt Earned Income
+ 0 Other Nonexempt Unearned Income
\$ 600 Net Nonexempt Income

\$ 767 Family's Nonexempt MAP for 5 in Region 1
- 600 Net Nonexempt Income
\$167 Potential Grant (Minor Parent is eligible to be included in AU)
\$279 MAP for One (Minor's child)
\$279 Aid Payment (higher of Potential Grant and MAP for Minor's Child)

The eligible minor parent living with a senior parent is eligible to receive the greater of (1) the grant computed using the senior parent's income or (2) the MAP for the minor's child(ren).

Examples of New Grant Computation

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Example 6: Ineligible Minor Parent

Minor Parent is receiving aid on behalf of her dependent child. Minor parent is excluded from AU due to excess senior parent income. Also in the home are two of the minor parent's siblings. Senior parent earns \$1399 per month and minor parent receives \$350 in Survivor's Benefits. The minor parent is nonexempt and resides in Region 1.

Eligibility/Grant Computation

\$1399 Gross Family Earnings

- 225 \$225 Income Disregard (No Disability-Based Income)

\$1174 Nonexempt Earnings

- 587 50% Earned Income Disregard

\$ 587 Net Nonexempt Earned Income

350 Other Nonexempt Unearned Income

\$ 937 Total Net Nonexempt Income

\$ 767 Family's Nonexempt MAP for 5 Region 1

- 937 Net Nonexempt Income

\$ 0 Potential Grant (Minor Parent is not eligible to be included in AU)

Since the minor parent is ineligible to be included in the AU, the minor parent's income must be treated like an excluded parent (Non-AU member) as follows:

\$ 0 Earned Income/Disability-Based Unearned Income)

- 350 Other Nonexempt Unearned Income

\$ 350 Total Net Nonexempt Income

\$456 MAP for Two (Minor parent and child)

-350 Total Net Nonexempt Income

\$106 Potential Grant

\$279 MAP for One (Minor's child)

\$106 Aid Payment (Lesser of Potential Grant or MAP for Minor's Child)

When the minor parent is ineligible to be included in the AU due to excess family income, the minor parent is eligible to receive either (1) the MAP for the minor's child(ren) if the minor has no income or (2) the grant the minor would receive if the minor and his/her child(ren) were treated as a separate family, i.e., only the minor and his/her child's income is treated as family income.

Examples of New Grant Computation

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Example 7: Stepparent Case

Recipient receives aid for her four children. Also living in the home is the recipient's spouse (stepparent). Stepparent earns \$800 per month from full-time employment. Mother receives \$300 per month in State Disability Insurance benefits. No other income is received by family members. The AU is exempt and resides in Region 2

Eligibility/Grant Computation:

\$ 300	Disability-Based Unearned Income
- <u>225</u>	\$225 Income Disregard
\$ 75	Net Nonexempt Disability-Based Unearned Income
\$800	Gross Family Earned Income
- <u>400</u>	50% Earned Income Disregard
\$400	Net Nonexempt Earnings
+ <u>75</u>	Net Nonexempt Disability-Based Income
\$475	Total Net Nonexempt Income
\$914	Family's Exempt MAP for Six
- <u>475</u>	Total Net Nonexempt Income
\$439	Potential Grant
\$814	MAP for AU of Five
\$439	Potential Grant
\$439	Aid Payment (Lower of Potential Grant and MAP for AU)

Examples of New Grant Computation
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Example 8: Ineligible Alien Child

Recipient mother receives aid for herself and one child. The mother has \$600 gross earnings. Also living in the home is: 1) an ineligible alien child of the aided mother who receives \$150 per month directly from the absent father; 2) the ineligible alien spouse of the aided parent; 3) a child in common with the aided who has no deprivation and 4) an ineligible alien separate child of the spouse. The spouse has \$375 earned income. The family is nonexempt and lives in Region 1.

Eligibility/Grant Computation:

\$ 975	Family's Gross Earnings
- <u>225</u>	\$225 Income Disregard
\$ 750	Net Nonexempt Earned Income
- <u>375</u>	50% Earned Income Disregard
\$ 375	Net Earned Income
+ <u>150</u>	Other Nonexempt Income
\$ 525	Total Family Net Nonexempt Income
\$ 861	Family's MAP for Six (Includes AU and Non-AU family Members)
- <u>525</u>	Total Family Net Nonexempt Income
\$ 336	Potential Grant
\$456	MAP for AU of Two
\$336	Potential Grant
\$336	Aid Payment (Lower of MAP for AU and Potential Grant)

GRANT COMPUTATION Disability Based Unearned Income Eligible to \$225 Disregard	EXEMPT MAPS Effective 1/1/98: Exemptions Eligible For Higher (Exempt) MAP	NONEEXEMPT MAPS Exemptions No Longer Eligible For Higher (Exempt) MAP
<p>AB 1542 defines Disability-Based Unearned Income in Section 138 as:</p> <ul style="list-style-type: none"> - State Disability Insurance (SDI) benefits - Social Security Disability Insurance (SSDI) benefits - Temporary Workers' Compensation (TWC) benefits - Temporary Disability Indemnity (TDI) benefits - Private Disability Insurance benefits 	<p>WIC Section 11450.019 lists the exemptions to aid reductions to:</p> <ul style="list-style-type: none"> - Individual is disabled and receiving: <ul style="list-style-type: none"> - SSI/SSP, or - IHSS, or - State Disability Insurance (SDI) benefits, or - Temporary Worker's Compensation (TWC) benefits, or - Temporary Disability Indemnity (TDI) benefits, or - Individual is a non-parent caretaker not included in the Assistance Unit 	<p>The following exemptions have been eliminated for purposes of establishing eligibility for Exempt MAP status under CalWORKs:</p> <ul style="list-style-type: none"> - Social Security Disability Insurance (SSDI, Retirement and Survivors Disability Insurance, Old Age Survivors Disability Insurance) benefits - Cases who have Incapacity as the basis of deprivation. - Cases which are exempt from GAIN due to incapacity. - Cases which are GAIN exempt due to the caretaker's need to care for another individual in the household. - Students under age 19 who are enrolled in a program that will lead to a high school diploma or its equivalent.

October 14, 1997

ATTACHMENT 4

CW 30 - CAL WORKS BUDGET WORKSHEET

CAL WORKS BUDGET WORKSHEET

CASE NAME:				CASE NUMBER:				WORKER NUMBER:									
Payment Month		Check (✓)		Payment Month		Check (✓)		Payment Month		Check (✓)							
<input type="checkbox"/> Exempt from MAP Cuts		AU	NON-AU	MFG	SANCTIONED	<input type="checkbox"/> Exempt from MAP Cuts		AU	NON-AU	MFG	SANCTIONED	<input type="checkbox"/> Exempt from MAP Cuts		AU	NON-AU	MFG	SANCTIONED
FAMILY MEMBERS				FAMILY MEMBERS				FAMILY MEMBERS									
TOTAL				TOTAL				TOTAL									
1. Maximum Aid Payment for Family Members (AU & NON-AU)	\$		1. Maximum Aid Payment for Family Members (AU & NON-AU)	\$		1. Maximum Aid Payment for Family Members (AU & NON-AU)	\$										
a. Net Nonexempt Income (Enter Item 12m from Side 2)	-		a. Net Nonexempt Income (Enter Item 12m from Side 2)	-		a. Net Nonexempt Income (Enter Item 12m from Side 2)	-										
b. Special Needs (AU + Non-AU) (Other than HA)	+		b. Special Needs (AU + Non-AU) (Other than HA)	+		b. Special Needs (AU + Non-AU) (Other than HA)	-										
c. Potential Grant	\$		c. Potential Grant	\$		c. Potential Grant	\$										
2. Maximum Aid Payment for Persons (AU)	\$		2. Maximum Aid Payment for Persons (AU)	\$		2. Maximum Aid Payment for Persons (AU)	\$										
a. Special Needs (AU) (Other than HA)	+		a. Special Needs (AU) (Other than HA)	+		a. Special Needs (AU) (Other than HA)	+										
b. Subtotal	\$		b. Subtotal	\$		b. Subtotal	\$										
c. Aid Payment (Lesser of 1c or 2b)	\$		c. Aid Payment (Lesser of 1c or 2b)	\$		c. Aid Payment (Lesser of 1c or 2b)	\$										
3. MAP for Minor Parent's Eligible Child(ren) (If MP in AU)	\$		3. MAP for Minor Parent's Eligible Child(ren) (If MP in AU)	\$		3. MAP for Minor Parent's Eligible Child(ren) (If MP in AU)	\$										
a. Special Need for Child(ren)	+		a. Special Need for Child(ren)	+		a. Special Need for Child(ren)	+										
b. Subtotal	\$		b. Subtotal	\$		b. Subtotal	\$										
c. Minor Parent Aid Payment (Greater of 2c or 3b)	\$		c. Minor Parent Aid Payment (Greater of 2c or 3b)	\$		c. Minor Parent Aid Payment (Greater of 2c or 3b)	\$										
4. Proration figure (Use 2c or 3c) Date:	x		4. Proration figure (Use 2c or 3c) Date:	x		4. Proration figure (Use 2c or 3c) Date:	x										
a. Prorated Aid Payment	\$		a. Prorated Aid Payment	\$		a. Prorated Aid Payment	\$										
5. Adjustments (Specify): a. Child Support Non-Co-Op 25% of Aid Payment	-		5. Adjustments (Specify): a. Child Support Non-Co-Op 25% of Aid Payment	-		5. Adjustments (Specify): a. Child Support Non-Co-Op 25% of Aid Payment	-										
b. Overpayments	-		b. Overpayments	-		b. Overpayments	-										
c. Other Sanctions	-		c. Other Sanctions	-		c. Other Sanctions	-										
d. Bonus	+		d. Bonus	+		d. Bonus	+										
6. Adjusted Aid Payment	\$		6. Adjusted Aid Payment	\$		6. Adjusted Aid Payment	\$										
BUDGET RECOMPUTATION																	
7. Actual Cash Aid Paid	\$		7. Actual Cash Aid Paid	\$		7. Actual Cash Aid Paid	\$										
a. Adjusted Aid Payment (from line 6)	-		a. Adjusted Aid Payment (from line 6)	-		a. Adjusted Aid Payment (from line 6)	-										
b. Subtotal	=		b. Subtotal	=		b. Subtotal	=										
8. Actual Cash Aid Paid (use for O/P only)	\$		8. Actual Cash Aid Paid (use for O/P only)	\$		8. Actual Cash Aid Paid (use for O/P only)	\$										
a. Child/Spousal Support Collected (Except for MFG)	-		a. Child/Spousal Support Collected (Except for MFG)	-		a. Child/Spousal Support Collected (Except for MFG)	-										
b. Subtotal	=		b. Subtotal	=		b. Subtotal	=										
9. Overpayment Amount (Lesser of Subtotal 7b or 8b)	\$		9. Overpayment Amount (Lesser of Subtotal 7b or 8b)	\$		9. Overpayment Amount (Lesser of Subtotal 7b or 8b)	\$										
10. Underpayment Amount (If 6 is larger than 7)	\$		10. Underpayment Amount (If 6 is larger than 7)	\$		10. Underpayment Amount (If 6 is larger than 7)	\$										
EW INITIAL AND DATE	AUTORIZATION DATE			EW INITIAL AND DATE	AUTORIZATION DATE			EW INITIAL AND DATE	AUTORIZATION DATE								

NET INCOME COMPUTATION		Budget Month _____ for Payment Month _____	Budget Month _____ for Payment Month _____	Budget Month _____ for Payment Month _____
11. APPLICANT FINANCIAL ELIGIBILITY (Include AU & NON-AU)				
a. Applicant Family Gross Income	\$			
b. Disregard up to \$90 of earned income for each employed family member	-			
c. Net Nonexempt Income (NNI)	=			
d. MBSAC for ____ persons	\$			
e. Applicant Family Meets Net Income Test, if 11d exceeds 11c	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
12. RECIPIENT FINANCIAL ELIGIBILITY AND COMPUTATION FOR APPLICANT/RECIPIENT NON-EXEMPT INCOME				
a. Total Disability-Based Unearned Income of AU + NON-AU Members	\$			
b. \$225 Income Disregard	-			
c. Subtotal Nonexempt Disability-Based Income (if positive, enter amount in k) (if negative, enter amount in g)	\$			
d. Gross Earned Income (AU + NON-AU)	\$			
e. Net Earnings from Self-Employment Earnings (Enter from 13c below)	+			
f. Subtotal	=			
g. Remainder of \$225 Income Disregard (Enter any negative amount from 12c)	-			
h. Subtotal Earned Income	=			
i. 50% Earned Income Disregard (Total in 12h divided by 2)	-			
j. Subtotal (Net Nonexempt Earned Income)	=			
k. Nonexempt Unearned Disability Based-Income (Enter any positive amount from 12c)	+			
l. Other Nonexempt Income of Family (specify)	+			
m. Net Nonexempt Income of Family (Enter in 1a on Side 1) (Family fails net income test if same as or greater than MAP.)	\$ =	\$ =	\$ =	\$ =
13. EARNINGS FROM SELF-EMPLOYMENT				
a. Gross Earnings from Self-Employment	\$			
b. Business Expenses:	-			
c. Net Income from Self-Employment (Enter in 12e above)	\$			

ATTACHMENT 5

NOA MESSAGES

Action	Type	New	NOA #
Suspend	Aid Payments, Grant Structure	Temporary	T44-315
Change	Aid Payments, Grant Structure	Temporary	T44-315A
Discontinue	Aid Payments, Grant Structure	Temporary	T44-315B

Action	Type	Revision	NOA #
Approval	Applic. Processing	Modify budget for grant structure changes.	M40-171C
Partial Approval	Income Eligibility, F. E. Test	Modified instructions only.	M44-133T
Partial Approval	Income Eligibility, 185% Test	Modified instructions only.	M44-133U
Deny	Income Eligibility, F.E. Test	Modified instructions and changed Form number the message goes on.	M44-207J
Deny	Exempt from MAP reductions	Deleted SSDI, GAIN, incapacity and under 19 without a high school diploma language.	M89-110B
Change	Income Eligibility, Gift Income	Obsolete	M44-111D
Change	Income Eligibility, Minor Parent - F.E.	Changed “need standard” to “maximum aid payment” & modified instructions.	M44-133S
Change	Income Eligibility, Suspend Minor Parent - F.E.	Changed “need standard” to “maximum aid payment” & modified instructions.	M44-133V
Action	Type	Revision	NOA #

Change	Income Eligibility, Disc part of AU	Obsolete	M44-207K1
Change	Income Eligibility, Suspend part of AU when Minor Parent included - F.E.	Changed “need standard” to “maximum aid payment” & modified instructions.	M44-207K4
Change	Income Eligibility, Suspend part of AU when Minor Parent included - 185%	Modified instructions only.	M44-207K5
Change	Income	Modified “Baby MAP” budget.	M44-113G1
Change	Income	Modified “Baby MAP” budget.	M44-133Q
Change	1/3 Disregard	Obsolete	M44-111B
Change	\$30 Disregard	Obsolete	M44-111C
Change	Disallowance of Disregards	Deleted three check boxes which related to child care/child support disregards.	M44-113A
Change	Aid Payments, ICTs Region 1/Region2	Deleted “On January 1, 1997”	M44-315B
Change	Exempt from MAP reductions	Deleted SSDI, GAIN, incapacity and under 19 without a high school diploma language.	M89-110
Change	Non-Exempt from MAP reductions	Deleted SSDI, GAIN, incapacity and under 19 without a high school diploma language.	M89-110A
Suspend	Income Eligibility, Control Cases: 185%	Obsolete	M44-133N
Suspend	Income Eligibility, Control Cases: F.E.	Obsolete	M44-133P
Suspend	Income Eligibility, F.E.	Changed “need standard” to “maximum aid payment” & modified instructions.	M44-207L
Suspend	Income Eligibility, Gift Income - 185%	Obsolete	M44-207X

Action	Type	Revision	NOA #
Suspend	Income Eligibility, Gift Income - F.E.	Obsolete	M44-207Y

Discontinue	1/3 Disregard	Obsolete	M44-111N
Discontinue	\$30 Disregard	Obsolete	M44-111P
Discontinue	Income - JTPA, F.E.	Changed “need standard” to “maximum aid payment” & modified instructions.	M44-111R
Discontinue	Income Eligibility, Control Cases: 185%	Obsolete	M44-133M
Discontinue	Income Eligibility, Control Cases: F.E.	Obsolete	M44-133O
Discontinue	Income - F.E.	Changed “need standard” to “maximum aid payment” & modified instructions.	M44-207K
Discontinue	Income Eligibility, Gift Income - 185%	Obsolete	M44-207V
Discontinue	Income Eligibility, Gift Income - F.E.	Obsolete	M44-207W

State of California
Department of Social Services

Noa Msg Doc No.: T44-315 Page 1 of 1
Action : Suspense
Issue: Aid Payments
Title: Grant Structure

Auto ID No.:
Source :
Issued by :
Reg Cite :W&IC 11450(a), 11450.12
 11451.5

Use Form No. : NA 210
Original Date : 01-01-98, New
Revision Date :

MESSAGE:

The County is stopping your cash aid for the month of _____.

Here's why:

On January 1, 1998 State law changed the way we figure your cash aid.

You can not get cash aid when your net countable income is more than your Maximum Aid Payment.

Now we look at the income of the entire family. This includes non-aided as well as aided family members.

The amounts we subtract from your earned income and how we do it are also different. Plus your child care costs are no longer subtracted from your income.

You must still turn in your monthly eligibility report (CA 7/SAWS 7).

You may be able to get a Reduced Income Supplemental Payment for the month you are not on cash aid. Call your worker and ask for a Reduced Income Supplemental Request Form, (CA 40).

Your family's needs and income are figured on this page.

INSTRUCTIONS: Use temporary NOA message to suspend a case when implementing the grant structure change.

file : pkian/TSERIES/gs.44315

State of California
Department of Social Services

Noa Msg Doc No.: T44-315A Page 1 of 1
Action : Change
Issue: Aid Payments
Title: Grant Structure

Auto ID No.:
Source :
Issued by :
Reg Cite :W&IC 11450(a) & 11451.5

Use Form No. : NA 200
Original Date : 01-01-98, New
Revision Date :

MESSAGE:

As of _____ the County is changing your monthly cash aid from \$_____ to \$_____.

Here's why:

On January 1, 1998 State law changed the way we figure your cash aid.

We look at the income of the entire family. This includes non-aided as well as aided family members.

The amounts we subtract from your earned income and how we do it are also different. Plus your child care costs are no longer subtracted from your income.

Your net countable income is subtracted from the Maximum Aid Payment for the entire family. This amount is compared to the Maximum Aid Payment for aided family members only and the lower amount is paid.

Your new cash aid amount is figured on this page.

INSTRUCTIONS: Use temporary NOA message to change cash aid when implementing the grant structure change.

file : pkian/TSERIES/gs.44315a

State of California
Department of Social Services

Noa Msg Doc No.: T44-315B Page 1 of 1
Action : Discontinue
Issue: Aid Payments
Title: Grant Structure

Auto ID No.:
Source :
Issued by :
Reg Cite :W&IC 11450(a), 11450.12
 11451.5

Use Form No. : NA 210
Original Date : 01-01-98, New
Revision Date :

MESSAGE:

As of _____ the County is stopping your cash aid.

Here's why:

On January 1, 1998 State law changed the way we figure your cash aid.

You can not get cash aid when your net countable income is more than your Maximum Aid payment.

Now we look at the income of the entire family. This includes non-aided as well as aided family members.

The amounts we subtract from your earned income and how we do it are also different. Plus your child care costs are no longer subtracted from your income.

Your family's needs and income are figured on this page.

INSTRUCTIONS: Use temporary NOA message to discontinue cash aid when implementing the grant structure change.

file : pkian/TSERIES/gs.44315b

State of California
Department of Social Services

Noa Msg Doc No.: M40-171C Page 1 of 2
Action : Approve
Issue: Application Processing
Title: Basic Approval

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-171.2, 40-129, 44-315
 44-317

Use Form No. : NA 290
Original Date : 02-01-97
Revision Date : 01-01-98

MESSAGE:

The County has approved your cash aid and Medi-Cal. The cash aid payment for your first month of aid is \$_____.

Your first day of cash aid is _____. Your first day of Medi-Cal is the first day of the month you applied for aid.

- [] The cash aid payment for your first month of aid is only for a part of a month. It is for the time from your first day of cash aid, show above, through the end of the month. If nothing changes, next month's cash aid will be for a full month.
- [] You asked for an Immediate Need payment. Your immediate need is being met with a payment of your first month's cash aid within the immediate need time limit of 1 working day.

Your cash aid is figured on this page.

INSTRUCTIONS: Use for approvals and restorations FOR CASES WHICH INCLUDE MINOR PARENTS. Check the applicable box(es). When you check the immediate need box, you will not need to send a separate notice to the applicant denying the immediate need request.

Print message on NA 290 with special budget in right column. Budget includes language to accommodate the comparison of MAP for the minor parent's child(ren).

For cases with income (AU + Non-AU members), use NA 271 (1/98) as a second page. Also, include the applicable regulation cites.

This message replaces M40-171C dated 02-01-97.

file: pkian/MSERIES/app.40171c

Section A. Countable Income, Month of _____

Total Business Income	\$ _____
Business Expenses:	
a. 40% Standard.....	- _____
OR	
b. Actual	- _____
Net Earnings from Self-Employment.....	= _____
Total Disability-Based Unearned Income of (Assistance Unit+ Non-Assistance Unit Members)	\$ _____
\$225 Disregard.....	- _____
Nonexempt Unearned Disability-Based Income	= _____
OR	
Unused Amount of \$225 Disregard.....	= _____
Total Earned Income.....	\$ _____
Net Earnings from Self-Employment (from above)	+ _____
Subtotal.....	= _____
Unused Amount of \$225 Disregard (from above)	- _____
Subtotal.....	= _____
Earned Income Disregard 50%.....	- _____
Subtotal.....	= _____
Nonexempt Unearned Disability-Based Income (from above).....	+ _____
Other Nonexempt Income of (Assistance Unit + Non-Assistance Unit Members).....	+ _____ + _____
Net Countable Income.....	= _____

Section B. Your Cash Aid, Month of _____

1. Maximum Aid, ____ Persons (Assistance Unit + Non-Assistance Unit Members).....	\$ _____
2. Special Needs(Assistance Unit only)....	+ _____
3. Net Countable Income from Section A....	- _____
4. Subtotal.....	= _____
5. Maximum Aid, ____ Persons(Assistance Unit only) (Excluding Sanctioned Persons).....	\$ _____
6. Special Needs (Assistance Unit only)...	+ _____
7. Maximum Aid Subtotal.....	= _____
8. Full Month Aid Subtotal..... (Lowest Amount on Line 4 or 7).....	= _____
9. Maximum Aid for Minor parent's ____ eligible child(ren).....	\$ _____
10. Special Needs.....	+ _____
11. Minor parent's child(ren) Subtotal...	= _____
12. Full Month Aid Subtotal (Greater Amount on Line 8 or 11).....	= _____
13. Line 12 Prorated for Part of Month...	= _____
14. Adjustments: 25% Child Support Sanction Overpayment.....	- _____
14a. Other Sanctions.....	- _____
14b. Bonus.....	+ _____
15. Monthly Cash Aid Amount (Line 12 or 13 Adjusted).....	= _____

State of California
Department of Social Services
Approval

Noa Msg Doc No.: M44-133T Page 1 of 1

Action : Partial

Issue: Income Eligibility
Title: Minor Parent, Fin. Eligibility

Auto ID No.: Use Form No. : NA 200
Source : Original Date : 11-01-96
Issued by : Revision Date : 01-01-98
Reg Cite : 40-171.2, 44-207.3, 44-315,
44-317, 89-201.5 W&IC 11450(a),
11450.12(b), 11451.5

MESSAGE:

As of _____, the County has approved cash aid
and Medi-Cal for some members of your family.

The first day of cash aid is _____.

The first month's cash aid amount is \$_____.

Aid has been denied for _____.

Here's why:

You can not get cash aid if your net countable
income is more than the need standard set by the
state.

When you are pregnant or a parent and under age
18 living with your parent, some of your
parent's income is counted to figure your cash
aid. When we count part of their income, your
total income is over the limit.

Since we do not count your parent's income to
your child, he/she is still eligible to get cash
aid.

We figured how much of your parent's income we
used on the next page.

The cash aid is figured on this page.

INSTRUCTIONS: Use to partially approve minor parent cases when the family's
income (AU + Non-AU) causes the minor parent to exceed MBSAC which results in
only the baby being aided.

Use NA 271 (1/98) as a second page to show the family's income.

Use NA 301 (1/98) F.E. applicant test as a third page. Check the F.E. box and
fill in the computation.

This message replaces M44-133T dated 02-01-97.

file: pkian/MSERIES/mp.44133t

State of California

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Department of Social Services

Noa Msg Doc No.: M44-133U Page 1 of

Action :Partial Approval

Issue: Income Eligibility

Title: Minor Parent, 185%

Auto ID No.:

Use Form No. : NA 200

Source :

Original Date : 11-01-96

Issued by :

Revision Date : 01-01-98

Reg Cite : 40-171.2, 44-207.2, 44-315, 44-317, 89-201.5, W&IC 11450(a)

MESSAGE:

As of _____, the County has approved cash aid
and Medi-Cal for some members of your family.

The first day of cash aid is _____.

The first month's cash aid amount is \$_____.

Aid has been denied for _____.

Here's why:

You can not get cash aid if your monthly gross
income is more than 185% of the need standard
set by the state.

When you are pregnant or a parent and under age
18 living with your parent, some of your
parent's income is counted to figure your cash
aid. When we count part of their income, your
total income is over the limit.

Since we do not count your parent's income to
your child, he/she is still eligible to get cash
aid.

We figured how much of your parent's income we
used on the next page.

The cash aid is figured on this page.

INSTRUCTIONS: Use to partially approve minor parent cases when the family's
income (AU + Non-AU)causes the minor parent to exceed 185% of MBSAC which
results in only the baby being aided.

Use NA 271 (1/98) as a second page to show the family's income.

Use NA 300 (1/98) 185%/F.E. tests as a third page. Check the 185% box and
fill in the computation.

This message replaces M44-133U dated 02-01-97.

file: pkian/MSERIES/mp.44133u

State of California
Department of Social Services

Noa Msg Doc No.: M44-207J Page 1 of 1
Action : Denial
Issue: Income
Title: Financial Eligibility

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-207.3, W&IC 11450.12(a)

Use Form No. : NA 213
Original Date : 05-01-87
Revision Date : 01-01-98

MESSAGE:

The County has denied your application for cash aid dated _____.

Here's why:

You can not get cash aid if your family's net countable income is more than the need standard set by the state.

Your family's needs and income are figured on this page.

INSTRUCTIONS: Use to deny cash aid when the family's income (AU + Non-AU members) is more than MBSAC. Use on new NA 212.

This message replaces M44-207J dated 05-01-87.

file: pkian/MSERIES/fe.44207j

State of California
Department of Social Services

Noa Msg Doc No.: M89-110B Page 1 of 1
Action : Deny
Issue: Aid Payment Levels
Title: Exemptions to MAP Reductions

Auto ID No.:
Source :
Issued by :
Reg Cite : 89-110.2, 44-315.311

Use Form No. : NA 290
Original Date : 03-01-96
Revision Date : 01-01-98

MESSAGE:

The County has denied your request for an exemption from the lower cash aid level.

Here's why:

Your family does not meet any of the exemption rules. To meet the rules and be exempt, either:

The only one in your household getting cash aid is a child living with an unaided, non-parent caretaker relative.

OR

Each parent or aided caretaker relative in the home is getting one of the following:

- o Supplemental Security Income, State Supplementary Program (SSI/SSP), or
- o In-Home Supportive Services (IHSS), or
- o Temporary Workers' Compensation (TWC), or
- o Temporary Disability Indemnity (TDI), or
- o State Disability Insurance (SDI).

You may get another notice about your regular cash aid.

INSTRUCTIONS: Use this message to deny a request for higher MAP when the AU does not meet one of the valid exemptions.

This message replaces M89-110B dated 05-01-96.

file: pkian/MSERIES/ex.89110b

State of California
Department of Social Services

Noa Msg Doc No.: M44-133S Page 1 of 1
Action : Change
Issue: Income Eligibility
Title: Minor Parent, Fin. Eligibility

Auto ID No.: Use Form No. : NA 200
Source : Original Date : 11-01-96
Issued by : Revision Date : 01-01-98
Reg Cite : 44-207.3, 89-201.5,
W&IC 11450(a), 11450.12(b), 11451.5

MESSAGE:

As of _____, the County is changing your monthly cash aid from \$_____ to \$_____.

Here's why:

Cash aid for _____ is being stopped.

You can not get cash aid if your net countable income is more than the maximum aid payment set by the state.

When you are pregnant or a parent and under age 18 living with your parent, some of your parent's income is counted to figure your cash aid. When we count part of their income, your total income is over the limit.

Since we do not count your parent's income to your child, he/she is still eligible to get cash aid.

We figured how much of your parent's income we used on the next page.

The new cash aid is figured on this page.

INSTRUCTIONS: Use to change the amount of aid in minor parent cases when the family's income (AU + Non-AU)causes the minor parent to exceed MAP. Delete the minor parent and issue MAP for the baby only.

Use NA 271 (1/98) as a second page to show the family's income.

Use NA 300 (1/98) 185%/F.E. tests as a third page. Check the F.E. box and fill in the computation.

This message replaces M44-133S dated 02-01-97.

file: pkian/MSERIES/mp.44133s

State of California
Department of Social Services

Noa Msg Doc No.: M44-133V Page 1 of 1

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-207.3, 44-315.8, 89-201.5,

Action : Change
Issue: Income Eligibility
Title: Minor Parent, Fin. Eligibility
Use Form No. : NA 200
Original Date : 02-01-97
Revision Date : 01-01-98
W&IC 11450(a), 11450.12(b), 11451.5

MESSAGE:

As of _____, the County is changing your monthly cash aid from \$_____ to \$_____.

Here's why:

Cash aid for _____ is being stopped for the month of _____.

You can not get cash aid if your net countable income is more than the maximum aid payment set by the state.

When you are pregnant or a parent and under age 18 living with your parent, some of your parent's income is counted to figure your cash aid. When we count part of their income, your total income is over the limit.

Since we do not count your parent's income to your child, he/she is still eligible to get cash aid.

You may get cash aid again for yourself, if your countable income is less than the maximum aid payment. For us to know this, you must still turn in a complete monthly eligibility report (CA 7/SAWS 7) and a Senior Parent Report (CA 73).

You may be able to get a Reduced Income Supplemental Payment for the month you are not on cash aid. Call your worker and ask for a Reduced Income Supplemental Request Form, (CA 40).

We figured how much of your parent's income we used on the next page.

The new cash aid is figured on this page.

INSTRUCTIONS: Use to change the amount of aid in minor parent cases when the family's income (AU + Non-AU) causes the minor parent to exceed MAP for one month which results only the baby receiving MAP. Use NA 271 (1/98) as a second page to show the family's income. Use NA 300 (1/98) 185%/F.E. tests as a third page. Check the F.E. box and fill in the computation.

State of California
Department of Social Services

Noa Msg Doc No.: M44-207K4 Page 1 of 1
Action : Change
Issue: Income Eligibility
Title: Suspend Part of AU, Fin. Elig.

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-100, 44-207.3, 44-315.8,
89-201.6, W&IC 11450.12(b)

Use Form No. : NA 200
Original Date : 02-01-97
Revision Date : 01-01-98

MESSAGE:

As of _____, the County is changing your monthly cash aid from \$_____ to \$_____.

Here's why:

Cash aid for _____ is being stopped for the month of _____.

You have been getting cash aid for a family of ___ persons. This group is not eligible to get cash aid for one month because the net countable income is more than the maximum aid payment set by the state.

The new cash aid is figured for _____. Since we do not count your income to your grandchild, he/she is still eligible to get cash aid.

You must turn in your monthly eligibility report (CA 7/SAWS 7).

You may be able to get a Reduced Income Supplemental Payment for the month you are not on cash aid. Call your worker and ask for a Reduced Income Supplemental Request Form, (CA 40).

Your family's need and income are figured on the next page.

The new cash aid is figured on this page.

INSTRUCTIONS: Use to change the amount of aid FOR CASES WHICH INCLUDE MINOR PARENTS when a family's income (AU + Non-AU members) exceeds MAP making them ineligible as a group for one month only, but the minor's child remains eligible.

Use NA 300 (1/98) 185%/F.E. as a second page. Check the F.E. box and fill in the computation.

This message replaces M44-207K4 dated 02-01-97.

file: pkian/MSERIES/mp.44207k4

State of California
Department of Social Services

Noa Msg Doc No.: M44-207K5 Page 1 of 1
Action : Change
Issue: Income Eligibility
Title: Suspend Part of AU, 185%

Auto ID No.: Use Form No. : NA 200
Source : Original Date : 02-01-97
Issued by : Revision Date : 01-01-98
Reg Cite : 44-100, 44-207.2, 44-315.8, 89-201.6

MESSAGE:

As of _____, the County is changing your monthly cash aid from \$_____ to \$_____.

Here's why:

Cash aid for _____ is being stopped for the month of _____.

You have been getting cash aid for a family of ___ persons. This group is not eligible to get cash aid for one month because the monthly gross income is more than 185% of the need standard set by the state.

The new cash aid is figured for _____. Since we do not count your income to your grandchild, he/she is still eligible to get cash aid.

You must still turn in your monthly eligibility report (CA 7/SAWS 7).

You may be able to get a Reduced Income Supplemental Payment for the month you are not on cash aid. Call your worker and ask for a Reduced Income Supplemental Request Form, (CA 40).

Your family's need and income are figured on the next page.

The new cash aid is figured on this page.

INSTRUCTIONS: Use to change the amount of aid **FOR CASES WHICH INCLUDE MINOR PARENTS** when a family's income(AU + Non-AU members) exceeds MBSAC making them ineligible as a group for one month only, but the minor's child remains eligible.

Use NA 300 (1/98) 185%/F.E. tests as a second page. Check the 185% box and fill in the computation.

This message replaces M44-207K5 dated 02-01-97.

file: pkian/MSERIES/mp.44207k5

State of California
Department of Social Services

Noa Msg Doc No.: M44-113G1 Page 1 of 2
Action : Change
Issue: Income
Title: Change in Income

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-100, 89-201.6

Use Form No. : NA 290
Original Date : 02-01-97
Revision Date : 01-01-98

MESSAGE:

As of _____, the County is changing your monthly cash aid from \$_____ to \$_____.

Here's why:

Your family income has changed. When your income changes, your cash aid amount also changes.

Your new cash aid amount is figured on this page.

INSTRUCTIONS: Use to change the grant amount **FOR CASES WHICH INCLUDE MINOR PARENTS** when an assistance unit (AU) reports a change in income.

Print message on NA 290 with special budget in right column. Budget includes language to accommodate the comparison of MAP for the minor parent's child(ren).

This message replaces M44-113G1 dated 02-01-97.

file: pkian/MSERIES/inc.44113g1

Section A. Countable Income, Month of _____

Total Business Income	\$ _____
Business Expenses:	
a. 40% Standard.....	- _____
OR	
b. Actual	- _____
Net Earnings from Self-Employment.....	= _____
Total Disability-Based Unearned Income of (Assistance Unit+ Non-Assistance Unit Members)	\$ _____
\$225 Disregard.....	- _____
Nonexempt Unearned Disability-Based Income	= _____
OR	
Unused Amount of \$225 Disregard.....	= _____
Total Earned Income.....	\$ _____
Net Earnings from Self-Employment (from above)	+ _____
Subtotal.....	= _____
Unused Amount of \$225 Disregard (from above)	- _____
Subtotal.....	= _____
Earned Income Disregard 50%.....	- _____
Subtotal.....	= _____
Nonexempt Unearned Disability-Based Income (from above).....	+ _____
Other Nonexempt Income of (Assistance Unit + Non-Assistance Unit Members).....	+ _____ + _____
Net Countable Income.....	= _____

Section B. Your Cash Aid, Month of _____

1. Maximum Aid, ____ Persons (Assistance Unit + Non-Assistance Unit Members).....	\$ _____
2. Special Needs(Assistance Unit only)....	+ _____
3. Net Countable Income from Section A....	- _____
4. Subtotal.....	= _____
5. Maximum Aid, ____ Persons(Assistance Unit only) (Excluding Sanctioned Persons).....	\$ _____
6. Special Needs (Assistance Unit only)...	+ _____
7. Maximum Aid Subtotal.....	= _____
8. Full Month Aid Subtotal..... (Lowest Amount on Line 4 or 7).....	= _____
9. Maximum Aid for Minor parent's ____ eligible child(ren).....	\$ _____
10. Special Needs.....	+ _____
11. Minor parent's child(ren) Subtotal...	= _____
12. Full Month Aid Subtotal (Greater Amount on Line 8 or 11).....	= _____
13. Line 12 Prorated for Part of Month...	= _____
14. Adjustments: 25% Child Support Sanction Overpayment.....	- _____
14a. Other Sanctions.....	- _____
14b. Bonus.....	+ _____
15. Monthly Cash Aid Amount (Line 12 or 13 Adjusted).....	= _____

State of California

2

Department of Social Services

Noa Msg Doc No.: M44-133Q Page 1 of

Action : Change
Issue: Income
Title: Minor Parent Income

Auto ID No.:
Source :
Issued by :
Reg Cite : 89-201.5

Use Form No. : NA 290
Original Date : 02-01-97
Revision Date : 01-01-98

MESSAGE:

As of _____, the County is changing your monthly cash aid from \$_____ to \$_____.

Here's why:

Your parent's income has changed.

When you are pregnant or a parent and under age 18 living with your parent, some of your parent's income is counted to figure your cash aid. When their income changes, your income also changes.

We figured how much of your parent's income we used on the next page.

Your new cash aid amount is figured on this page.

INSTRUCTIONS: Use to change the grant amount in minor parent cases when a change in the family's income (AU + Non-AU)causes the minor parent's income to change.

Print message on NA 290 with special budget in right column. Budget includes language to accommodate the comparison of MAP for the minor parent's child(ren).

This message replaces M44-133Q dated 02-01-97.

file: pkian/MSERIES/ mp.44133q

Section A. Countable Income, Month of _____

Total Business Income	\$ _____
Business Expenses:	
a. 40% Standard.....	- _____
OR	
b. Actual	- _____
Net Earnings from Self-Employment.....	= _____
Total Disability-Based Unearned Income of (Assistance Unit+ Non-Assistance Unit Members)	\$ _____
\$225 Disregard.....	- _____
Nonexempt Unearned Disability-Based Income	= _____
OR	
Unused Amount of \$225 Disregard.....	= _____
Total Earned Income.....	\$ _____
Net Earnings from Self-Employment (from above)	+ _____
Subtotal.....	= _____
Unused Amount of \$225 Disregard (from above)	- _____
Subtotal.....	= _____
Earned Income Disregard 50%.....	- _____
Subtotal.....	= _____
Nonexempt Unearned Disability-Based Income (from above).....	+ _____
Other Nonexempt Income of (Assistance Unit + Non-Assistance Unit Members).....	+ _____ + _____
Net Countable Income.....	= _____

Section B. Your Cash Aid, Month of _____

1. Maximum Aid, ____ Persons (Assistance Unit + Non-Assistance Unit Members).....	\$ _____
2. Special Needs(Assistance Unit only)....	+ _____
3. Net Countable Income from Section A....	- _____
4. Subtotal.....	= _____
5. Maximum Aid, ____ Persons(Assistance Unit only) (Excluding Sanctioned Persons).....	\$ _____
6. Special Needs (Assistance Unit only)...	+ _____
7. Maximum Aid Subtotal.....	= _____
8. Full Month Aid Subtotal..... (Lowest Amount on Line 4 or 7).....	= _____
9. Maximum Aid for Minor parent's ____ eligible child(ren).....	\$ _____
10. Special Needs.....	+ _____
11. Minor parent's child(ren) Subtotal...	= _____
12. Full Month Aid Subtotal (Greater Amount on Line 8 or 11).....	= _____
13. Line 12 Prorated for Part of Month...	= _____
14. Adjustments: 25% Child Support Sanction Overpayment.....	- _____
14a. Other Sanctions.....	- _____
14b. Bonus.....	+ _____
15. Monthly Cash Aid Amount (Line 12 or 13 Adjusted).....	= _____

State of California
Department of Social Services

Noa Msg Doc No.: M44-113A Page 1 of 1
Action : Change
Issue: Disallowance
Title: Disallowance of Deductions

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-181.244, 44-113.212b

Use Form No. : NA 200
Original Date : 05-01-87
Revision Date : 01-01-98

MESSAGE:

As of _____, the County is changing your monthly cash aid from \$_____ to \$_____.

Here's why:

We did not allow the deduction you usually get because you did not give us the required information or written proof about:

Self-Employment Expenses.

Your cash aid amount goes down when we do not allow all your deductions.

Send or bring us the proof or information so that we can refigure your cash aid amount.

Your new cash aid amount is figured on this page.

INSTRUCTIONS: Use to change the monthly grant when those who claim actual self employment deductions are disallowed because required information or written proof was not provided. Use only for situations where the lack of information does NOT result in a determination that the CA 7 or SAWS 7 monthly report is incomplete. Show the specific expense(s) being disallowed.

This message replaces M44-113A dated 05-01-96.

file: pkian/MSERIES/se.44113a

State of California
Department of Social Services

Noa Msg Doc No.: M44-315B Page 1 of 1
Action : Approve
Issue: Aid Payment Levels
Title: ICT between Reg-1 and Reg-2
MAP Increase/Decrease

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-315.311(a), 40-189

Use Form No. : NA 200
Original Date : 11-01-96
Revision Date : 01-01-98

MESSAGE:

REGION 1 INSERT

[] A change in State law lowered the Maximum Aid a total of 4.9 percent in the county where you are now living. The Maximum Aid in this county is higher than the county you were living in before.

REGION 2 INSERT

[] A change in State law lowered the Maximum Aid about 9.56 percent and the Basic Need Standard by 4.9 percent in the county where you are now living. The Maximum Aid in this county is higher than the county you were living in before.

INSTRUCTIONS: Use as language to insert for intercounty transfers that are approved and ONLY when the case is coming from a different Region's county. This would be used by the receiving county.

file: pkian/MSERIES/ap.44315b

State of California
Department of Social Services

Noa Msg Doc No.: M89-110 Page 1 of 1
Action : Change - Exempt
Issue: Aid Payment Levels
Title: Exemptions to MAP Reductions

Auto ID No.:
Source :
Issued by :
Reg Cite : 89-110.2, 44-315.311

Use Form No. : NA 200
Original Date : 02-01-96
Revision Date : 01-01-98

MESSAGE:

As of _____, the County is changing your cash aid from \$_____ to \$_____.

Here's why:

The only one in your household getting cash aid is a child living with an unaided, non-parent caretaker relative.

OR

Each parent or aided caretaker relative in the home is getting one of the following:

- o Supplemental Security Income, State Supplementary Program (SSI/SSP), or
- o In-Home Supportive Services (IHSS), or
- o Temporary Workers' Compensation (TWC), or
- o Temporary Disability Indemnity (TDI), or
- o State Disability Insurance (SDI).

Your new cash aid amount is figured on this page.

INSTRUCTIONS: Use this message when increasing cash aid due to one of the valid exemptions. Enter the date the cash aid is changing and the old and new amounts.

This message replaces M89-110 dated 05-01-96.

file: pkian/MSERIES/ex.89110

State of California
Department of Social Services

Noa Msg Doc No.: M89-110A Page 1 of 1
Action : Change - Non-exempt
Issue: Aid Payment Levels
Title: Exemptions to MAP Reductions

Auto ID No.:
Source :
Issued by :
Reg Cite : 89-110.2, 44-315.311

Use Form No. : NA 200
Original Date : 02-01-96
Revision Date : 01-01-98

MESSAGE:

As of _____, the County is changing your cash aid from \$_____ to \$_____.

Here's why:

Your family does not meet any of the exemption rules. To meet the rules and be exempt, either:

The only one in your household getting cash aid is a child living with an unaided, non-parent caretaker relative.

OR

Each parent or aided caretaker relative in the home is getting one of the following:

- o Supplemental Security Income, State Supplementary Program (SSI/SSP), or
- o In-Home Supportive Services (IHSS), or
- o Temporary Workers' Compensation (TWC), or
- o Temporary Disability Indemnity (TDI), or
- o State Disability Insurance (SDI).

Your new cash aid amount is figured on this page.

INSTRUCTIONS: Use this message when decreasing cash aid when the AU does not meet one of the valid exemptions. Enter the date the cash aid is changing and the old and new amounts.

This message replaces M89-110A dated 05-01-96.

file: pkian/MSERIES/ex.89110a

State of California
Department of Social Services

Noa Msg Doc No.: M44-207L Page 1 of 1
Action : Suspend
Issue: Income Eligibility
Title: Financial Eligibility Test

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-207.3, W&IC 11450.12(b)

Use Form No. : NA 210
Original Date : 05-01-87
Revision Date : 01-01-98

MESSAGE:

The County is stopping your cash aid for the month of _____.

Here's why:

You can not get cash aid if your family's net countable income is more than the maximum aid payment set by the state. Your income was more than your maximum aid payment for only one month o your cash aid will stop for only one month.

You must still turn in your monthly eligibility report (CA 7/SAWS 7).

You may be able to get a Reduced Income Supplemental Payment for the month you are not on cash aid. Call your worker and ask for a Reduced Income Supplemental Request Form, (CA 40).

Your family's need and income are figured on this page.

INSTRUCTIONS: Use to suspend the cash aid when the family's income (AU + Non-AU members) is more than MAP.

This message replaces M44-207L dated 07-01-87.

file: pkian/MSERIES/fe.442071

State of California
Department of Social Services

Noa Msg Doc No.: M44-111R Page 1 of 1
Action : Discontinue
Issue: Income
Title: JTPA

Auto ID No.: Use Form No. : NA 210
Source : Original Date : 05-01-87
Issued by : Revision Date : 01-01-98
Reg Cite : 44-111.3(c), W &IC 11450(a), 11450.12(b), 11451.5

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You can not get cash aid if your family's net countable income is more than the maximum aid payment set by the state. We must count as income the JTPA (Job Training Partnership Act) earnings after the first six months each year.

We did not count _____'s JTPA earnings in _____, _____, _____, _____, _____ and _____.

We must now start counting that person's income.

With these earnings your countable family income is more than the limit and your cash aid must stop.

Your family's needs and income are figured on this page.

INSTRUCTIONS: Use to discontinue cash aid when the earnings from a child's JTPA job have been disregarded for 6 months and now will cause the family's income (AU + Non-AU members) to exceed MAP.

This message replaces M44-111R dated 05-01-87.

file:pkian/MSERIES/jtpa.44111r

State of California
Department of Social Services

Noa Msg Doc No.: M44-207K Page 1 of 1
Action : Discontinue
Issue: Income
Title: Financial Eligibility

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-207.3, W&IC 11450.12(b)

Use Form No. : NA 210
Original Date : 05-01-87
Revision Date : 01-01-98

MESSAGE:

As of _____, the County is stopping your cash aid.

Here's why:

You can not get cash aid if your family's net countable income is more than the maximum aid payment set by the state.

Your family's needs and income are figured on this page.

INSTRUCTIONS: Use to discontinue cash aid when the family's income (AU + Non-AU members) is more than MAP.

file: pkian/MSERIES/fe.44207k

ATTACHMENT 6

NA FORMS

- o NA 200 (1/98) Notice of Action - Multipurpose - Include Budget
- o NA 210 (1/98) Notice of Action - Discontinue, Suspend - Financial Eligibility
- o NA 211 (1/98) Notice of Action - Deny, Discontinue, Suspend - 185% Test
- o NA 213 (1/98) Notice of Action - Deny - Financial Eligibility
- o NA 271 (1/98) Continuation Page - Family Income Computation, Cash Aid
- o NA 300 (1/98) Continuation Page - Recipient Financial Eligibility/185% Tests
- o NA 301 (1/98) Continuation Page - Applicant Financial Eligibility Test

STOCK

Effective January 1, 1998, current stock should be destroyed and the new forms used.

FOR HOLDERS OF THE AFDC NOTICE OF ACTION HANDBOOK

File the NA forms and instructions in Section 5 of your AFDC NOA Handbook. Remove the earlier versions.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
 Case _____
 Name : _____
 Number : _____
 Worker _____
 Name : _____
 Number : _____
 Telephone: _____
 Address : _____

(ADDRESSEE)



Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Monthly Cash Aid Amount

Section A. Countable Income, Month of

Total Business Income	\$	
Business Expenses:		
a. 40% Standard	-	
OR		
b. Actual	-	
Net Earnings from Self-Employment		=
Total Disability-Based Unearned Income of (Assistance Unit + Non-Assistance Unit Members)		\$
\$225 Disregard		-
Nonexempt Unearned Disability-Based Income		=
OR		
Unused Amount of \$225 Disregard		=
Total Earned Income		\$
Net Earnings from Self-Employment (from above)		+
Subtotal		=
Unused Amount of \$225 Disregard (from above)		-
Subtotal		=
Earned Income Disregard 50%		-
Subtotal		=
Nonexempt Unearned Disability-Based Income (from above)		+
Other Nonexempt Income of (Assistance Unit + Non- Assistance Unit Members)		+
		+

Net Countable Income

Section B. Your Cash Aid, Month of

1. Maximum Aid _____ Persons
(Assistance Unit + Non-Assistance Unit Members) .. \$
2. Special Needs (Assistance Unit + Non-Assistant
Unit Members) +
3. Net Countable Income from Section A .. -
4. Subtotal = []
5. Maximum Aid _____ Persons (Assistance Unit only)
(Excluding Sanctioned Persons) \$
6. Special Needs (Assistance Unit only) +
7. Maximum Aid Subtotal = []
8. **Full Month Aid Subtotal**
(Lowest Amount on Line 4 or 7 =
9. Line 8 Prorated for Part of Month =
10. Adjustments: 25% Child Support Sanction .. -
- Overpayment -
- Other Sanctions -
- Bonus +
11. **Monthly Cash Aid Amount**
(Line 8 or 9 Adjusted) =

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your CalWORKs Child Care benefits will **NOT** stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

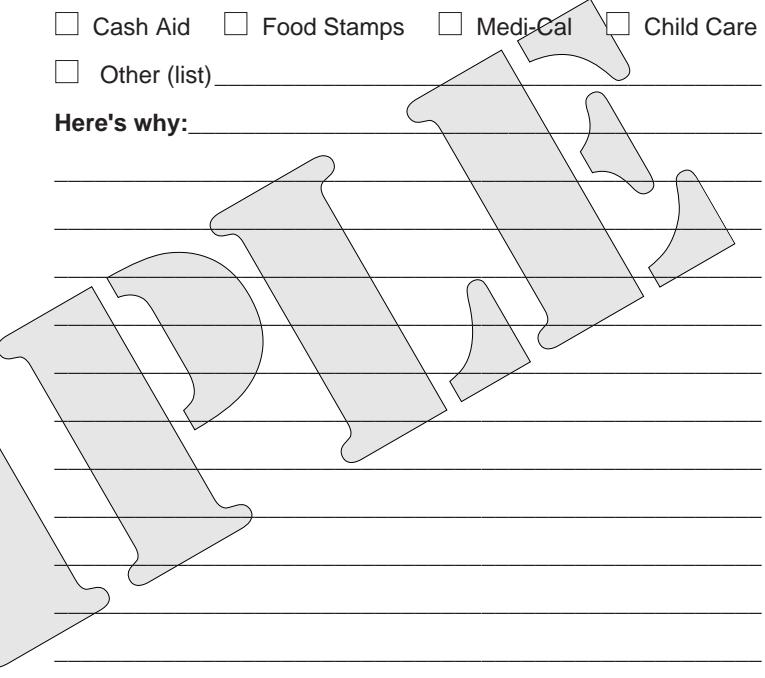
Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

- Cash Aid Food Stamps Medi-Cal Child Care
 Other (list) _____

Here's why: _____



Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

I need a free interpreter.

My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación:	_____
Nombre del caso :	_____
Número :	_____
Nombre del trabajador :	_____
Número :	_____
Teléfono :	_____
Dirección :	_____

(ADDRESSEE)



¿Tiene preguntas? Comuníquese con su trabajador.

Audiencia con el estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja se le explica cómo solicitarla. Sus beneficios no cambiarán si usted solicita una audiencia antes que esta acción entre en vigor.

Cantidad mensual de asistencia monetaria

Sección A. Ingresos contables del mes de

Total de ingresos provenientes de un negocio	\$ _____
Gastos del negocio: a. Estándar del 40%	\$ _____
b. <input checked="" type="radio"/> gastos verdaderos	\$ _____
Ingresos netos provenientes de trabajo por cuenta propia	\$ _____
Total de ingresos no ganados basados en incapacidad/ discapacidad (unidad de asistencia + personas que no son parte de la unidad de asistencia)	\$ _____
Deducción de \$225	\$ _____
Ingresos no ganados basados en incapacidad/ discapacidad no exentos	\$ _____
<input checked="" type="radio"/> Cantidad que no se usó de la deducción de \$225	\$ _____
Total de ingresos ganados	\$ _____
Ingresos netos provenientes de trabajo por cuenta propia (de la parte de arriba)	\$ _____
Subtotal	\$ _____
Cantidad que no se usó de la deducción de \$225 (de la parte de arriba)	\$ _____
Subtotal	\$ _____
Deducción del 50% de los ingresos ganados	\$ _____
Subtotal	\$ _____
Ingresos no ganados basados en incapacidad/ discapacidad no exentos (de la parte de arriba)	\$ _____
Otros ingresos no exentos (unidad de asistencia + personas que no son parte de la unidad de asistencia)	\$ _____

Ingresos netos contables

Sección B. Su asistencia monetaria del mes de

1. Asistencia máxima para _____ personas (unidad de asistencia + personas que no son parte de la unidad de asistencia)
2. Necesidades especiales (unidad de asistencia + personas que no son parte de la unidad de asistencia)
3. Ingresos netos contables de la Sección A
4. Subtotal
5. Asistencia máxima para _____ personas (unidad de asistencia solamente) (excluyendo a las personas que han sido sancionadas)
6. Necesidades especiales (unidad de asistencia solamente)
7. Subtotal de asistencia máxima
8. **Subtotal de asistencia del mes completo** (La cantidad de la línea 4 ó 7, la que sea menor)
9. Línea 8 prorrataeada para parte del mes
10. Ajustes: Sanción del 25% por mantenimiento de hijos Pago excesivo
- Otras sanciones
- Cantidad adicional
11. **Cantidad mensual de asistencia monetaria** (Línea 8 ó 9 después de los ajustes)

Medi-Cal: Esta notificación NO cambia ni suspende sus beneficios de Medi-Cal (Programa de Asistencia Médica de California). **Conserve sus tarjetas de plástico de identificación de beneficios.**

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

- Usted tiene solamente 90 días para solicitar una audiencia. Los 90 días comenzaron un día después de la fecha en que le dimos o enviamos esta notificación.
- Si desea seguir recibiendo los mismos beneficios, tiene mucho menos tiempo para pedir una audiencia.

Para conservar sus mismos beneficios mientras espera una audiencia

Tiene que solicitar la audiencia antes que la acción entre en vigor.

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus beneficios de Medi-Cal (Programa de Asistencia Médica de California) permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Sus beneficios de CalWORKs (Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños) para el cuidado de niños **NO** permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualquier asistencia monetaria o estampillas para comida que usted haya recibido de más.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúe su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque una o ambas casillas.

- Asistencia monetaria Estampillas para comida

Para obtener ayuda

Puede obtener información acerca de sus derechos a una audiencia o asesoramiento legal gratuito llamando al teléfono de información del estado.

Número gratuito:

1-800-952-5253

Si es sordo y usa TDD:

(aparato de telecomunicaciones para las personas sordas)

1-800-952-8349

Es posible que pueda obtener asesoramiento legal gratuito en la oficina local de asesoramiento legal (*legal aid*) o del grupo para la defensa de los derechos relacionados a la asistencia pública.

Otra información

Mantenimiento de hijos y/o mantenimiento en relación al cuidado de la salud: La Oficina del Fiscal del Distrito le ayudará a cobrar mantenimiento de hijos aun cuando no esté recibiendo asistencia monetaria. Este servicio es gratuito. Si en la actualidad están cobrando mantenimiento de hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades actuales de mantenimiento que cobren. Se quedarán con las cantidades atrasadas de mantenimiento que cobren para pagar lo que se le debe al condado.

Planificación familiar: Su oficina de bienestar público le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar público, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

COMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenar esta página. Haga una copia del frente y del reverso para sus archivos. Luego envíe esta página a:

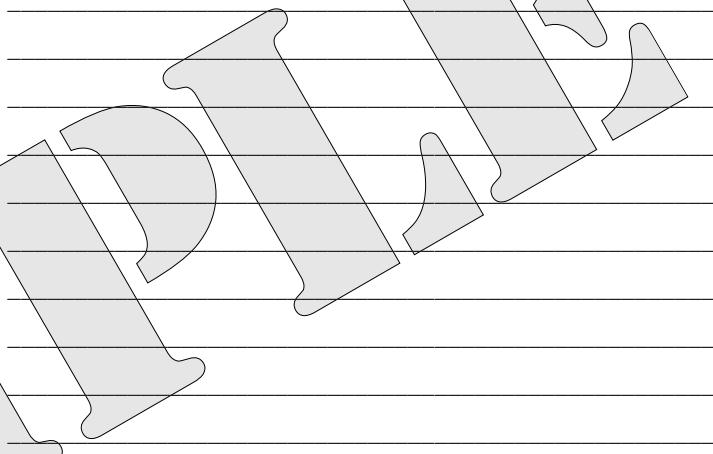
Su trabajador le dará a usted una copia de esta página si la pide. Otra manera de solicitar una audiencia es llamar al 1-800-952-5253. Si es sordo y usa TDD, llame al 1-800-952-8349.

PETICION PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción tomada por el Departamento de Bienestar Público del Condado de _____, acerca de mi(s)

- Asistencia monetaria Estampillas para comida
 Medi-Cal Cuidado de niños
 Otro (anote) _____

La razón es la siguiente:



- Marque aquí y agregue otra hoja si necesita más espacio.
 Quiero que la persona mencionada abajo me represente en esta audiencia. Le doy permiso a esta persona que vea mis expedientes o que vaya a la audiencia en mi lugar.

NOMBRE _____

DIRECCION _____

- Necesito un intérprete sin costo para mí.

Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

Teléfono: _____

Mi No. de caso: _____

Mi firma: _____

Fecha: _____

INSTRUCTIONS

NA 210 (1/98) Discontinue, Suspend - Financial Eligibility

Manual form, first page (must be preprinted with the current NA Back)

Use to discontinue or suspend when net income for the family (Assistance Unit + Non-Assistance Unit Members) exceeds the Maximum Aid Payment (AU + Non-AU Members) for Financial Eligibility.

Complete the Maximum Aid Payment and the Net Income sections.

Revision Date: 1/98

file: pkian/NAFORMS/210.instr

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

DISCONTINUE, SUSPEND- FINANCIAL ELIGIBILITY

(ADDRESSEE)



Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office:

Notice Date :	_____
Case Name :	_____
Number : Worker Name :	_____
Number :	_____
Telephone :	_____
Address :	_____

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Net Countable Income

Total Business Income	\$ _____
Business Expenses:	
a. 40% Standard	- _____
OR	
b. Actual	- _____
Net Earnings from Self-Employment	= _____
Total Disability-Based Unearned Income of (Assistance Unit + Non-Assistance Unit Members)	\$ _____
\$225 Disregard	- _____
Nonexempt Unearned Disability-Based Income	= _____
OR	
Unused Amount of \$225 Disregard	= _____
Total Earned Income	\$ _____
Net Earnings from Self-Employment (from above)	+ _____
Subtotal	= _____
Unused Amount of \$225 Disregard (from above)	- _____
Subtotal	= _____
Earned Income Disregard 50%	- _____
Subtotal	= _____
Nonexempt Unearned Disability-Based Income (from above).	+ _____
Other Nonexempt Income of (Assistance Unit + Non- Assistance Unit Members)	+ _____
Child Support collected by the County, Except for Maximum Family Grant child (for financial eligibility only)	+ _____
(A) Net Countable Income	= _____
Maximum Aid Payment	
Maximum Aid for _____ Persons	
(Assistance Unit + Non-Assistance Unit Members)	\$ _____
Special Needs (Assistance Unit + Non-Assistance Unit Members)	+ _____
(B) Maximum Aid Payment	= _____

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your CalWORKs Child Care benefits will **NOT** stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

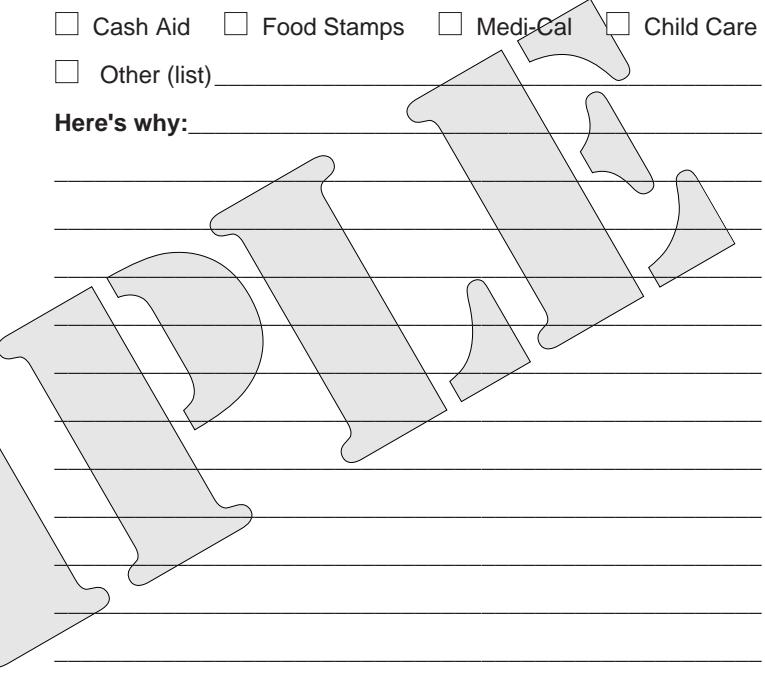
Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

- Cash Aid Food Stamps Medi-Cal Child Care
 Other (list) _____

Here's why: _____



Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

I need a free interpreter.

My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

DESCONTINUACION, SUSPENSION- ELEGIBILIDAD POR RAZONES ECONOMICAS

(ADDRESSEE)

Fecha de la notificación:	_____
Nombre del caso	: _____
Número	: _____
Nombre del trabajador	: _____
Número	: _____
Teléfono	: _____
Dirección	: _____ _____

¿Tiene preguntas? Comuníquese con su trabajador.

Audiencia con el estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja, se le explica cómo solicitarla. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

Ingresos netos contables

Total de ingresos provenientes de un negocio	\$ _____
Gastos del negocio:	
a. Estándar del 40%	- _____
O	
b. Verdaderos	- _____
Ingresos netos provenientes de trabajo por cuenta propia	= _____
Total de ingresos no ganados basados en incapacidad/ discapacidad (unidad de asistencia + personas que no forman parte de la unidad de asistencia)	\$ _____
Deducción de \$225	- _____
Ingresos no ganados basados en incapacidad/ discapacidad que no están exentos	= _____
O	
Cantidad que no se usó de la deducción de \$225	= _____
Total de ingresos ganados	\$ _____
Ingresos netos provenientes de trabajo por cuenta propia (de la parte de arriba)	+ _____
Subtotal	= _____
Cantidad que no se usó de la deducción de \$225 (de la parte de arriba)	- _____
Subtotal	= _____
Deducción del 50% de los ingresos ganados	- _____
Subtotal	= _____
Ingresos no ganados basados en incapacidad/ discapacidad que no están exentos (de la parte de arriba)	+ _____
Otros ingresos no exentos (unidad de asistencia + personas que no forman parte de la unidad de asistencia)	+ _____
+ _____	

Mantenimiento de hijos cobrado por el condado, excepto para un niño que se incluye en el pago máximo que una familia puede recibir (sólo para la elegibilidad por razones económicas)

(A) Ingresos netos contables = _____

Pago máximo de asistencia

Asistencia máxima para _____ personas (unidad de asistencia + personas que no forman parte de la unidad de asistencia)	\$ _____
Necesidades especiales (unidad de asistencia + personas que no forman parte de la unidad de asistencia)	+ _____
(B) Pago máximo de asistencia = _____	

Medi-Cal: Esta notificación NO cambia ni suspende sus beneficios de Medi-Cal (Programa de Asistencia Médica de California). **Conserve sus tarjetas de plástico de identificación de beneficios.**

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes:

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

- Usted tiene solamente 90 días para solicitar una audiencia. Los 90 días comenzaron un día después de la fecha en que le dimos o enviamos esta notificación.
- Si desea seguir recibiendo los mismos beneficios, tiene mucho menos tiempo para pedir una audiencia.

Para conservar sus mismos beneficios mientras espera una audiencia

Tiene que solicitar la audiencia antes que la acción entre en vigor.

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus beneficios de Medi-Cal (Programa de Asistencia Médica de California) permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Sus beneficios de CalWORKs (Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños) para el cuidado de niños **NO** permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualquier asistencia monetaria o estampillas para comida que usted haya recibido de más.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúe su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque una o ambas casillas.

- Asistencia monetaria Estampillas para comida

Para obtener ayuda

Puede obtener información acerca de sus derechos a una audiencia o asesoramiento legal gratuito llamando al teléfono de información del estado.

Número gratuito:

1-800-952-5253

Si es sordo y usa TDD:

(aparato de telecomunicaciones para las personas sordas)

1-800-952-8349

Es posible que pueda obtener asesoramiento legal gratuito en la oficina local de asesoramiento legal (*legal aid*) o del grupo para la defensa de los derechos relacionados a la asistencia pública.

Otra información

Mantenimiento de hijos y/o mantenimiento en relación al cuidado de la salud: La Oficina del Fiscal del Distrito le ayudará a cobrar mantenimiento de hijos aun cuando no esté recibiendo asistencia monetaria. Este servicio es gratuito. Si en la actualidad están cobrando mantenimiento de hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades actuales de mantenimiento que cobren. Se quedarán con las cantidades atrasadas de mantenimiento que cobren para pagar lo que se le debe al condado.

Planificación familiar: Su oficina de bienestar público le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar público, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

COMO PEDIR UNA AUDIENCIA CON EL ESTADO

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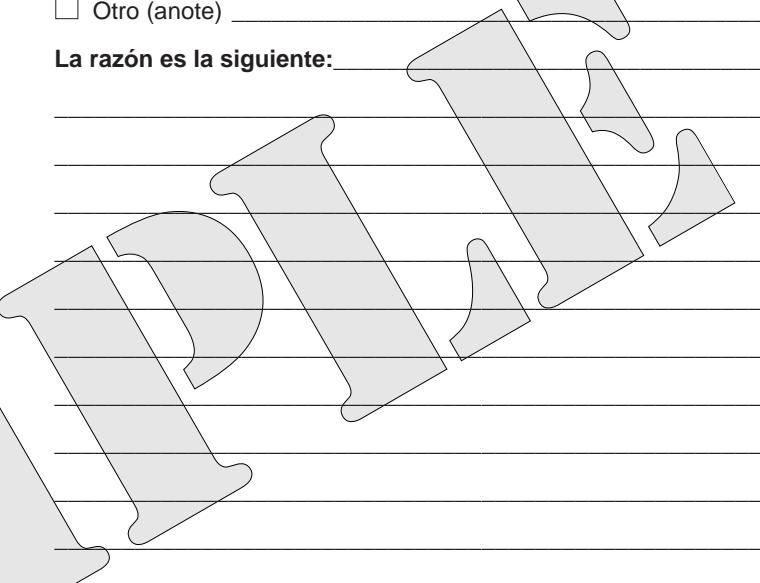
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PETICION PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción tomada por el Departamento de Bienestar Público del Condado de _____, acerca de mi(s)

- Asistencia monetaria Estampillas para comida
 Medi-Cal Cuidado de niños
 Otro (anote) _____

La razón es la siguiente:



- Marque aquí y agregue otra hoja si necesita más espacio.
 Quiero que la persona mencionada abajo me represente en esta audiencia. Le doy permiso a esta persona que vea mis expedientes o que vaya a la audiencia en mi lugar.

NOMBRE _____

DIRECCION _____

- Necesito un intérprete sin costo para mí.

Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

Teléfono: _____

Mi No. de caso: _____

Mi firma: _____

Fecha: _____

INSTRUCTIONS

NA 211 (1/98) Deny, Discontinue, Suspend - 185%

Manual form, first page (must be preprinted with the current NA Back)

Use to deny, discontinue or suspend when gross income for the family (Assistance Unit + Non-Assistance Unit Members) exceeds 185% of the basic need standard (AU + Non-AU Members).

Complete the entire computation section.

Revision Date: 1/98

file: pkian/NAFORMS/211.instr

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

DENY, DISCONTINUE, SUSPEND - 185%TEST

(ADDRESSEE)

Notice Date : _____
Case Name : _____
Number Worker Name : _____
Number : _____
Telephone : _____
Address : _____

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Family Gross Income in

(MONTH)

\$ _____
+ _____
+ _____
= _____

Total Gross Income

Family Needs in

(MONTH)

\$ _____
+ _____
= _____
x 1.85
= _____

Basic Need for
Special Needs

Total Needs

185% of Needs

CSA

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: MPP

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
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- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your CalWORKs Child Care benefits will **NOT** stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

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HOW TO ASK FOR A STATE HEARING

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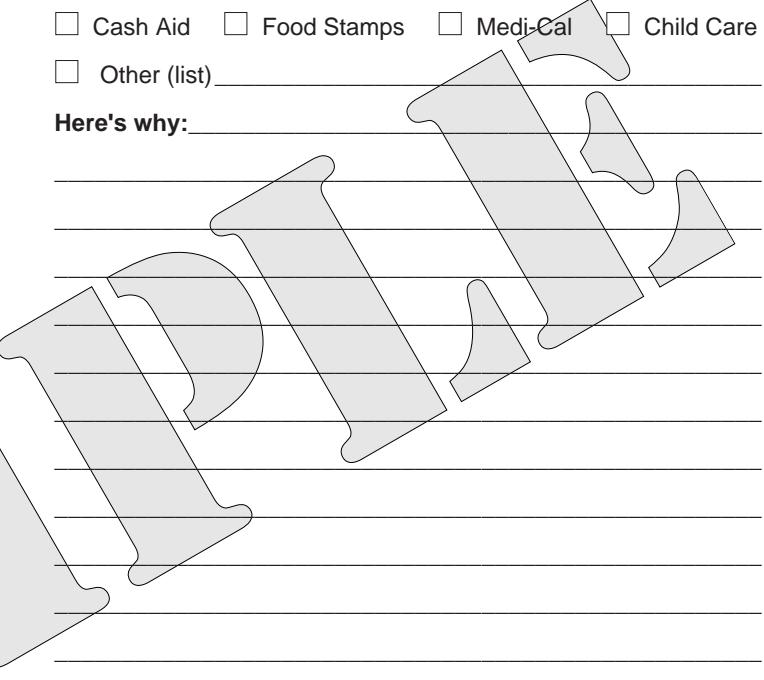
Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

- Cash Aid Food Stamps Medi-Cal Child Care
 Other (list) _____

Here's why: _____



Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

I need a free interpreter.

My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

NEGACION, DESCONTINUACION, SUSPENSION PRUEBA DEL 185%

(ADDRESSEE)

Fecha de la notificación : _____
Nombre del caso : _____
Número Nombre del trabajador : _____
Número : _____
Teléfono : _____
Dirección : _____

¿Tiene preguntas? Comuníquese con su trabajador.

Audiencia con el estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja se le explica cómo solicitarla. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.



Ingresos brutos de la familia en
(Unidad de asistencia + personas que
no forman parte de la unidad de asistencia)

Total de ingresos brutos

Necesidades de la familia en

Necesidades básicas para _____ personas

(Unidad de asistencia + personas que
no forman parte de la unidad de asistencia)

Necesidades especiales (unidad de asistencia solamente)

Total de necesidades

185% de las necesidades

(MES)

\$ _____

+ _____

= _____

x 1.85

= _____

Medi-Cal: Esta notificación NO cambia ni suspende sus beneficios de Medi-Cal (Programa de Asistencia Médica de California). **Conserve sus tarjetas de plástico de identificación de beneficios.**

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

- Usted tiene solamente 90 días para solicitar una audiencia. Los 90 días comenzaron un día después de la fecha en que le dimos o enviamos esta notificación.
- Si desea seguir recibiendo los mismos beneficios, tiene mucho menos tiempo para pedir una audiencia.

Para conservar sus mismos beneficios mientras espera una audiencia

Tiene que solicitar la audiencia antes que la acción entre en vigor.

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus beneficios de Medi-Cal (Programa de Asistencia Médica de California) permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Sus beneficios de CalWORKs (Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños) para el cuidado de niños **NO** permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualquier asistencia monetaria o estampillas para comida que usted haya recibido de más.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúe su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque una o ambas casillas.

- Asistencia monetaria Estampillas para comida

Para obtener ayuda

Puede obtener información acerca de sus derechos a una audiencia o asesoramiento legal gratuito llamando al teléfono de información del estado.

Número gratuito:

1-800-952-5253

Si es sordo y usa TDD:

(aparato de telecomunicaciones para las personas sordas)

1-800-952-8349

Es posible que pueda obtener asesoramiento legal gratuito en la oficina local de asesoramiento legal (*legal aid*) o del grupo para la defensa de los derechos relacionados a la asistencia pública.

Otra información

Mantenimiento de hijos y/o mantenimiento en relación al cuidado de la salud: La Oficina del Fiscal del Distrito le ayudará a cobrar mantenimiento de hijos aun cuando no esté recibiendo asistencia monetaria. Este servicio es gratuito. Si en la actualidad están cobrando mantenimiento de hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades actuales de mantenimiento que cobren. Se quedarán con las cantidades atrasadas de mantenimiento que cobren para pagar lo que se le debe al condado.

Planificación familiar: Su oficina de bienestar público le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar público, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

COMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenar esta página. Haga una copia del frente y del reverso para sus archivos. Luego envíe esta página a:

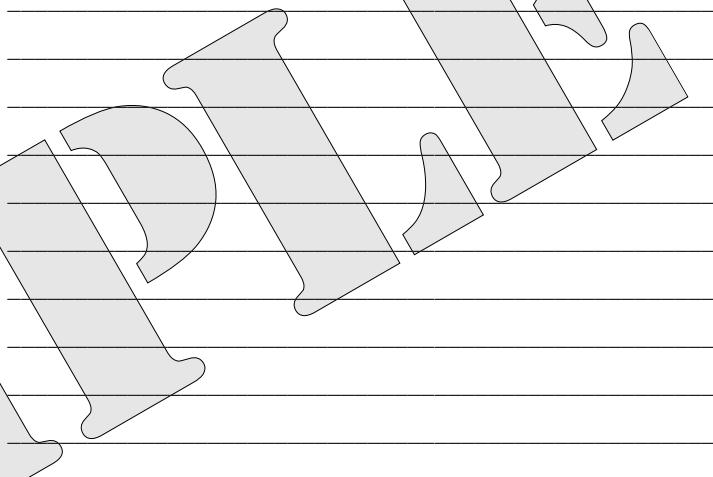
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PETICION PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción tomada por el Departamento de Bienestar Público del Condado de _____, acerca de mi(s)

- Asistencia monetaria Estampillas para comida
 Medi-Cal Cuidado de niños
 Otro (anote) _____

La razón es la siguiente:



- Marque aquí y agregue otra hoja si necesita más espacio.
 Quiero que la persona mencionada abajo me represente en esta audiencia. Le doy permiso a esta persona que vea mis expedientes o que vaya a la audiencia en mi lugar.

NOMBRE _____

DIRECCION _____

- Necesito un intérprete sin costo para mí.

Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

Teléfono: _____

Mi No. de caso: _____

Mi firma: _____

Fecha: _____

INSTRUCTIONS

NA 213 (1/98) Deny - Financial Eligibility

Manual form, first page (must be preprinted with the current NA Back)

Use to deny when income for the family (Assistance Unit + Non-Assistance Unit Members) exceeds the basic need standard (AU + Non-AU Members).

The \$90 disregard is per each employed person and does not carryover to another family member's income.

Complete the entire computation section.

Revision Date: **NEW** 1/98

file: pkian/NAFORMS/213.instr

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

DENY - FINANCIAL ELIGIBILITY

(ADDRESSEE)

Notice Date : _____
Case Name : _____
Number Worker Name : _____
Number : _____
Telephone: _____
Address : _____

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

Family's Total Earned Income

(Assistance Unit + Non-Assistance Unit Members) . \$ _____
\$90 Disregard for each employed person - _____
Other Nonexempt Income (Assistance Unit + Non-Assistance Unit Members) + _____
(A) Net Countable Income = _____

Family Needs

Basic Need for _____ Persons
(Assistance Unit + Non-Assistance Unit Members) . \$ _____
Special Needs (Assistance Unit only) + _____
(B) Family Needs = _____

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office:

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your CalWORKs Child Care benefits will **NOT** stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

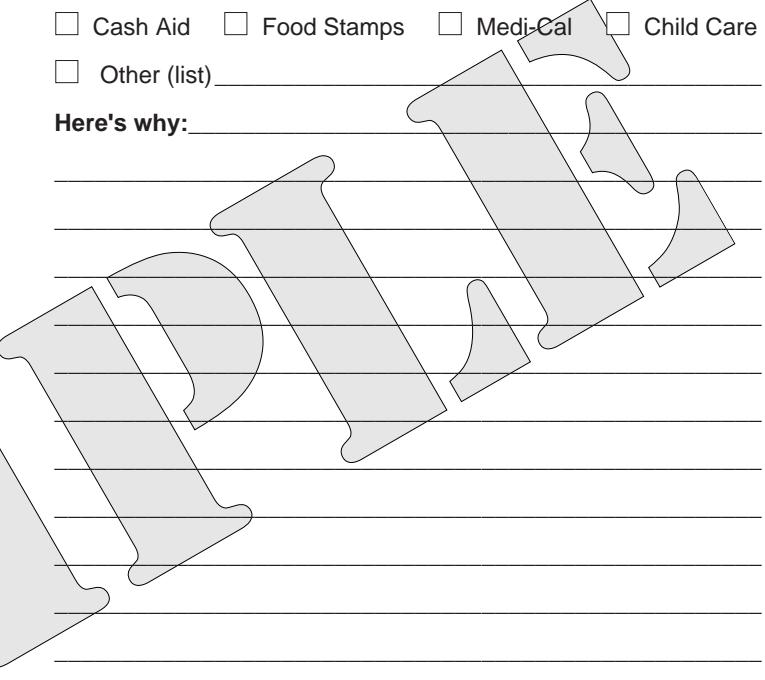
Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

- Cash Aid Food Stamps Medi-Cal Child Care
 Other (list) _____

Here's why: _____



Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

I need a free interpreter.

My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

NOTIFICACION DE ACCION

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

NEGACION - ELEGIBILIDAD POR RAZONES ECONOMICAS

Fecha de la notificación : _____
Nombre del caso : _____
Número
Nombre del trabajador : _____
Número : _____
Teléfono : _____
Dirección : _____

(ADDRESSEE)



¿Tiene preguntas? Comuníquese con su trabajador.

Audiencia con el estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de esta hoja se le explica cómo solicitarla. Es posible que sus beneficios no cambien si usted solicita una audiencia antes que esta acción entre en vigor.

Total de los ingresos ganados de la familia

(Unidad de asistencia + personas que no forman parte de la unidad de asistencia) \$ _____

Deducción de \$90 por cada persona que está empleada - _____

Otros ingresos no exentos (unidad de asistencia + personas que no forman parte de la unidad de asistencia) + _____

(A) Ingresos netos contables = _____

Necesidades de la familia

Necesidades básicas para _____ personas

(Unidad de asistencia + personas que no forman parte de la unidad de asistencia) \$ _____

Necesidades especiales (unidad de asistencia solamente) + _____

(B) Necesidades de la familia = _____



Medi-Cal: Esta notificación NO cambia ni suspende sus beneficios de Medi-Cal (Programa de Asistencia Médica de California). **Conserve sus tarjetas de plástico de identificación de beneficios.**

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

- Usted tiene solamente 90 días para solicitar una audiencia. Los 90 días comenzaron un día después de la fecha en que le dimos o enviamos esta notificación.
- Si desea seguir recibiendo los mismos beneficios, tiene mucho menos tiempo para pedir una audiencia.

Para conservar sus mismos beneficios mientras espera una audiencia

Tiene que solicitar la audiencia antes que la acción entre en vigor.

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus beneficios de Medi-Cal (Programa de Asistencia Médica de California) permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Sus beneficios de CalWORKs (Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños) para el cuidado de niños **NO** permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualquier asistencia monetaria o estampillas para comida que usted haya recibido de más.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúe su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque una o ambas casillas.

- Asistencia monetaria Estampillas para comida

Para obtener ayuda

Puede obtener información acerca de sus derechos a una audiencia o asesoramiento legal gratuito llamando al teléfono de información del estado.

Número gratuito:

1-800-952-5253

Si es sordo y usa TDD:

(aparato de telecomunicaciones para las personas sordas)

1-800-952-8349

Es posible que pueda obtener asesoramiento legal gratuito en la oficina local de asesoramiento legal (*legal aid*) o del grupo para la defensa de los derechos relacionados a la asistencia pública.

Otra información

Mantenimiento de hijos y/o mantenimiento en relación al cuidado de la salud: La Oficina del Fiscal del Distrito le ayudará a cobrar mantenimiento de hijos aun cuando no esté recibiendo asistencia monetaria. Este servicio es gratuito. Si en la actualidad están cobrando mantenimiento de hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades actuales de mantenimiento que cobren. Se quedarán con las cantidades atrasadas de mantenimiento que cobren para pagar lo que se le debe al condado.

Planificación familiar: Su oficina de bienestar público le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar público, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

COMO PEDIR UNA AUDIENCIA CON EL ESTADO

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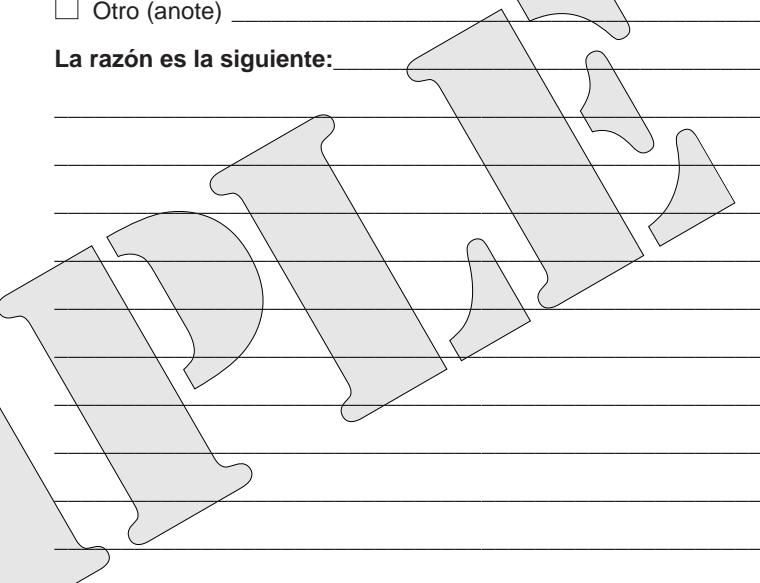
Su trabajador le dará a usted una copia de esta página si la pide. Otra manera de solicitar una audiencia es llamar al 1-800-952-5253. Si es sordo y usa TDD, llame al 1-800-952-8349.

PETICION PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción tomada por el Departamento de Bienestar Público del Condado de _____, acerca de mi(s)

- Asistencia monetaria Estampillas para comida
 Medi-Cal Cuidado de niños
 Otro (anote) _____

La razón es la siguiente:



- Marque aquí y agregue otra hoja si necesita más espacio.
 Quiero que la persona mencionada abajo me represente en esta audiencia. Le doy permiso a esta persona que vea mis expedientes o que vaya a la audiencia en mi lugar.

NOMBRE _____

DIRECCION _____

- Necesito un intérprete sin costo para mí.

Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

Teléfono: _____

Mi No. de caso: _____

Mi firma: _____

Fecha: _____

INSTRUCTIONS

NA 271 (1/98) Continuation Page Family Income Computations - Cash Aid

Use as a continuation of a "Page 1" NOA to show how the family's income was calculated. (Assistance Unit + Non-Assistance Unit Members).

This continuation page is needed for additional grant/income calculations besides the one shown on "Page 1". (Ie., minor parent cases when the minor is ineligible but her child receives baby map).

Complete the entire computation section.

Revision Date: 1/98

file: pkian/NAFORMS/271.instr

NOTICE OF ACTION

(Continued)

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date _____
Case _____
Name _____
Number _____

FAMILY'S INCOME

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Business Income \$ _____

Business Expenses:

a. 40% Standard - _____
OR

b. Actual - _____

Net Earnings from Self-Employment = _____

Total Disability-Based Unearned Income of
(Assistance Unit + Non-Assistance Unit Members) \$ _____

\$225 Disregard - _____

Nonexempt Unearned Disability-Based Income = _____
OR

Unused Amount of \$225 Disregard = _____

Total Earned Income = _____

Net Earnings from Self-Employment (from above) = _____

Subtotal = _____

Unused Amount of \$225 Disregard (from above) = _____

Subtotal = _____

Earned Income Disregard 50% = _____

Subtotal = _____

Nonexempt Unearned Disability-Based Income (from above) = _____

Other Nonexempt Income of (Assistance Unit +
Non-Assistance Unit Members) = _____

Net Countable Income = _____

Section B. Your Cash Aid, Month of _____

1. Maximum Aid _____ Persons
(Assistance Unit + Non-Assistance Unit Members) \$ _____

2. Special Needs (Assistance Unit + Non-Assistance
Unit Members) + _____

3. Net Countable Income from Section A - _____

4. Subtotal = []

5. Maximum Aid _____ Persons (Assistance Unit only)
(Excluding Sanctioned Persons) \$ _____

6. Special Needs (Assistance Unit only) + _____

7. Maximum Aid Subtotal = []

8. **Full Month Aid Subtotal**
(Lowest Amount on Line 4 or 7) = _____

9. Line 8 Prorated for Part of Month = _____

10. Adjustments: 25% Child Support Sanction - _____

Overpayment - _____

Other Sanctions - _____

Bonus + _____

11. **Monthly Cash Aid Amount**
(Line 8 or 9 Adjusted) = _____

Rules: These rules apply; you may review them at your
welfare office: MPP 44-133; 44-315

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your CalWORKs Child Care benefits will **NOT** stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

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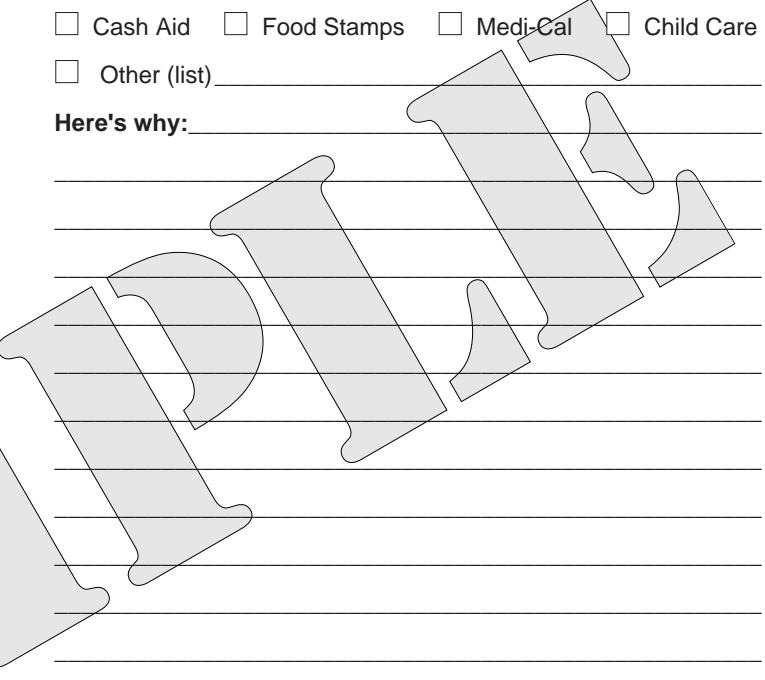
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HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

- Cash Aid Food Stamps Medi-Cal Child Care
 Other (list) _____

Here's why: _____



Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

I need a free interpreter.

My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

NOTIFICACION DE ACCION

(Continuación)

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

INGRESOS DE LA FAMILIA

Cantidad mensual de asistencia monetaria

Sección A. Ingresos contables del mes de

Total de ingresos provenientes de un negocio \$ _____

Gastos del negocio:

a. Estándar del 40% - _____

O

b. Verdaderos - _____

Ingresos netos provenientes de trabajo por cuenta propia = _____

Total de ingresos no ganados basados en incapacidad/discapacidad
(unidad de asistencia + personas que no son parte de la unidad de asistencia)

Deducción de \$225 \$ _____

Ingresos no ganados basados en incapacidad/discapacidad no exentos

O

Cantidad que no se usó de la deducción de \$225 \$ _____

Total de ingresos ganados \$ _____

Ingresos netos provenientes de trabajo por cuenta propia (de la parte
de arriba) \$ _____

Subtotal \$ _____

Cantidad que no se usó de la deducción de \$225 (de la parte de arriba) \$ _____

Subtotal \$ _____

Deducción del 50% de los ingresos ganados \$ _____

Subtotal \$ _____

Ingresos no ganados basados en incapacidad/discapacidad no
exentos (de la parte de arriba) \$ _____

Otros ingresos no exentos (unidad de asistencia + personas que no son
parte de la unidad de asistencia) \$ _____

Ingresos netos contables \$ _____

Sección B. Su asistencia monetaria del mes de

1. Asistencia máxima para _____ personas (unidad de asistencia + personas
que no son parte de la unidad de asistencia) \$ _____

2. Necesidades especiales (unidad de asistencia + personas que no son parte
de la unidad de asistencia) \$ _____

3. Ingresos netos contables de la Sección A \$ _____

4. Subtotal \$ _____

5. Asistencia máxima para _____ personas (unidad de asistencia solamente)
(excluyendo a las personas que han sido sancionadas) \$ _____

6. Necesidades especiales (unidad de asistencia solamente) \$ _____

7. Subtotal de asistencia máxima \$ _____

8. **Subtotal del asistencia del mes completo**

(La cantidad de la línea 4 ó 7, la que sea menor) \$ _____

9. Línea 8 prorrataeada por parte del mes \$ _____

10. Ajustes: Sanción del 25% por mantenimiento de hijos \$ _____

Pago excesivo \$ _____

Otras sanciones \$ _____

Cantidad adicional \$ _____

11. **Cantidad mensual de asistencia monetaria**

(Línea 8 ó 9 después de los ajustes) \$ _____

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de
bienestar público, son pertinentes: MPP 44-133

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

- Usted tiene solamente 90 días para solicitar una audiencia. Los 90 días comenzaron un día después de la fecha en que le dimos o enviamos esta notificación.
- Si desea seguir recibiendo los mismos beneficios, tiene mucho menos tiempo para pedir una audiencia.

Para conservar sus mismos beneficios mientras espera una audiencia

Tiene que solicitar la audiencia antes que la acción entre en vigor.

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus beneficios de Medi-Cal (Programa de Asistencia Médica de California) permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Sus beneficios de CalWORKs (Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños) para el cuidado de niños **NO** permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualquier asistencia monetaria o estampillas para comida que usted haya recibido de más.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúe su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque una o ambas casillas.

- Asistencia monetaria Estampillas para comida

Para obtener ayuda

Puede obtener información acerca de sus derechos a una audiencia o asesoramiento legal gratuito llamando al teléfono de información del estado.

Número gratuito:

1-800-952-5253

Si es sordo y usa TDD:

(aparato de telecomunicaciones para las personas sordas)

1-800-952-8349

Es posible que pueda obtener asesoramiento legal gratuito en la oficina local de asesoramiento legal (*legal aid*) o del grupo para la defensa de los derechos relacionados a la asistencia pública.

Otra información

Mantenimiento de hijos y/o mantenimiento en relación al cuidado de la salud: La Oficina del Fiscal del Distrito le ayudará a cobrar mantenimiento de hijos aun cuando no esté recibiendo asistencia monetaria. Este servicio es gratuito. Si en la actualidad están cobrando mantenimiento de hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades actuales de mantenimiento que cobren. Se quedarán con las cantidades atrasadas de mantenimiento que cobren para pagar lo que se le debe al condado.

Planificación familiar: Su oficina de bienestar público le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar público, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

COMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenar esta página. Haga una copia del frente y del reverso para sus archivos. Luego envíe esta página a:

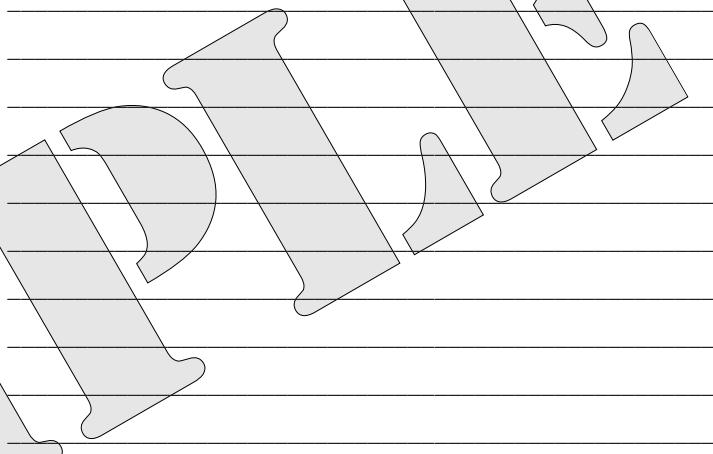
Su trabajador le dará a usted una copia de esta página si la pide. Otra manera de solicitar una audiencia es llamar al 1-800-952-5253. Si es sordo y usa TDD, llame al 1-800-952-8349.

PETICION PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción tomada por el Departamento de Bienestar Público del Condado de _____, acerca de mi(s)

- Asistencia monetaria Estampillas para comida
 Medi-Cal Cuidado de niños
 Otro (anote) _____

La razón es la siguiente:



- Marque aquí y agregue otra hoja si necesita más espacio.
 Quiero que la persona mencionada abajo me represente en esta audiencia. Le doy permiso a esta persona que vea mis expedientes o que vaya a la audiencia en mi lugar.

NOMBRE _____

DIRECCION _____

- Necesito un intérprete sin costo para mí.

Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

Teléfono: _____

Mi No. de caso: _____

Mi firma: _____

Fecha: _____

INSTRUCTIONS

NA 300 (1/98) Continuation Page - Recipient Financial Eligibility/185% Tests

Use as a continuation of a "Page 1" NOA to show how the recipient family's income (Assistance Unit + Non-Assistance Unit Members) fails eligibility.

Check the first box if the total gross income is more than 185% of the basic need standard for the family (AU + Non-AU Members). Add all income and compare to the figure calculated under 185% of Needs.

Check the second box if the total net countable income (AU + Non-AU Members) is more than the Maximum Aid Payment for AU + Non-AU Members. Compare to the figure calculated under Maximum Aid Payment.

Fill in the page number and the number of pages at the bottom of the page.

Revision Date: 1/98

file: pkian/NAFORMS/300.instr

NOTICE OF ACTION

(Continued)

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

RECIPIENT - FINANCIAL ELIGIBILITY/185% TESTS

Notice Date : _____
 Case Name : _____
 Number : _____
 Worker Name : _____
 Number : _____
 Telephone: _____
 Address : _____

You are ineligible because your **Total Gross Income** is more than **185% of Needs**.

Family Gross Income

\$ _____
 + _____
 + _____
 = _____

Total Gross Income

Family Needs

Basic Need, ____ Persons

Special Needs

Total Needs

\$ _____
 + _____
 = _____
 x 1.85
 = _____

185% of Needs

You are ineligible because your **Total Net Countable Income** is more than your **Maximum Aid Payment**.

Net Countable Income

Total Business Income

Business Expenses:

a. 40% Standard

OR

b. Actual

Net Earnings from Self-Employment

\$ _____
 - _____
 - _____
 = _____
 \$ _____

Total Disability-Based Unearned Income of (Assistance Unit + Non-Assistance Unit Members)

\$225 Disregard

Nonexempt Unearned Disability-Based Income

OR

Unused Amount of \$225 Disregard

\$ _____
 = _____
 = _____
 = _____

Total Earned Income

Net Earnings from Self-Employment (from above)

\$ _____
 + _____
 = _____

Subtotal

- _____

Unused Amount of \$225 Disregard

= _____

Subtotal

- _____

Earned Income Disregard 50%

= _____

Subtotal

= _____

Nonexempt Unearned Disability-Based Income (from above)

+ _____
 + _____

Other Nonexempt Income of (Assistance Unit + Non-Assistance Unit Members)

+ _____
 + _____

Child Support collected by the County, Except for Maximum Family Grant child (for financial eligibility only)

+ _____
 + _____

Total Net Countable Income

= _____

Maximum Aid Payment

Maximum Aid for ____ Persons (Assistance Unit + Non-Assistance Unit Members)

\$ _____

Special Needs (Assistance Unit + Non-Assistance Unit Members)

+ _____
 = _____

Maximum Aid Payment

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.2, 44-207.3

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your CalWORKs Child Care benefits will **NOT** stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- Cash Aid Food Stamps

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You can ask about your hearing rights or free legal aid at the state information number.

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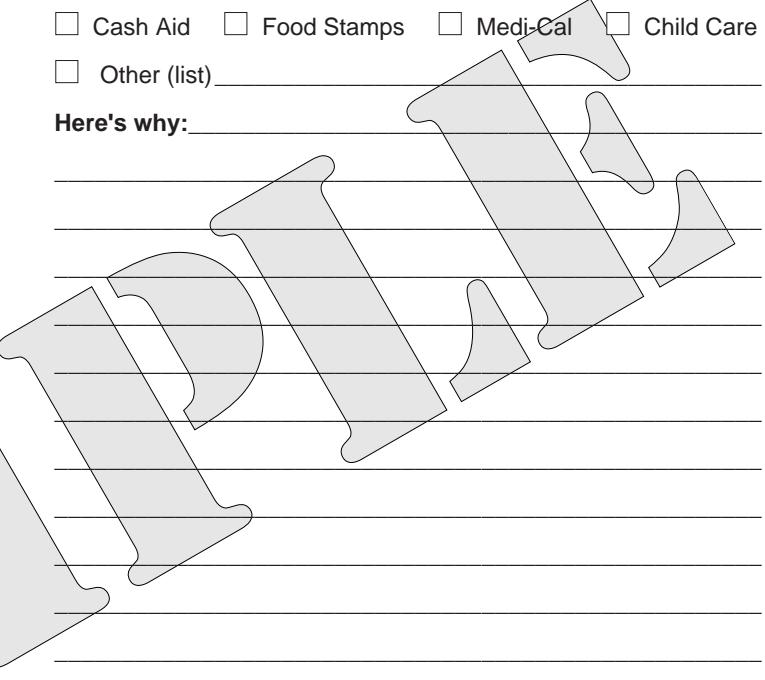
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I want a hearing because of an action by the Welfare Department of _____ County about my

- Cash Aid Food Stamps Medi-Cal Child Care
 Other (list) _____

Here's why: _____



Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

I need a free interpreter.

My language or dialect is: _____

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Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

NOTIFICACION DE ACCION

(Continuación)

BENEFICIARIO - PRUEBA DE ELEGIBILIDAD POR RAZONES ECONOMICAS/PRUEBA DEL 185%

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación : _____
 Nombre del caso : _____
 Número : _____
 Nombre del trabajador : _____
 Número : _____
 Teléfono : _____
 Dirección : _____

Usted no es elegible porque el **total de sus ingresos brutos** excede el **185% de sus necesidades**.

Ingresos brutos de la familia (unidad de asistencia + personas que no forman parte de la unidad de asistencia)

Total de ingresos brutos

Necesidades de la familia

Necesidades básicas para ____ personas (unidad de asistencia + personas que no forman parte de la unidad de asistencia)

Necesidades especiales (unidad de asistencia solamente)

Total de las necesidades

\$ _____
 + _____
 = _____
 \$ _____
 + _____
 = _____
 x 1.85
 = _____

185% de las necesidades

Usted no es elegible porque el **total de sus ingresos netos contables** excede el **pago máximo de asistencia**.

Ingresos netos contables

Total de ingresos provenientes de un negocio

Gastos del negocio:
 a. Estándar del 40%

b. verdaderos

Ingresos netos provenientes de trabajo por cuenta propia

\$ _____
 - _____
 = _____
 \$ _____
 - _____
 = _____
 \$ _____

Total de ingresos no ganados basados en incapacidad/discapacidad (unidad de asistencia + personas que no forman parte de la unidad de asistencia)

Deducción de \$225

Ingresos no ganados basados en incapacidad/discapacidad que no están exentos

cantidad que no se usó de la deducción de \$225

\$ _____
 - _____
 = _____
 \$ _____
 - _____
 = _____
 \$ _____

Total de ingresos ganados

Ingresos netos provenientes de trabajo por cuenta propia (de la parte de arriba)

\$ _____
 + _____
 = _____
 \$ _____

Subtotal

Cantidad que no se usó de la deducción de \$225

- _____
 = _____
 - _____
 = _____
 - _____
 = _____
 - _____
 = _____

Subtotal

Deducción del 50% de los ingresos ganados

- _____
 = _____
 - _____
 = _____
 - _____
 = _____
 - _____
 = _____

Subtotal

Ingresos no ganados basados en incapacidad/discapacidad que no están exentos (de la parte de arriba)

+ _____
 + _____
 + _____
 + _____

Otros ingresos no exentos (unidad de asistencia + personas que no forman parte de la unidad de asistencia)

+ _____
 + _____
 + _____

Mantenimiento de hijos cobrado por el condado, excepto para un niño que se incluye en el pago máximo que una familia puede recibir (sólo para la elegibilidad por razones económicas)

+ _____
 + _____
 + _____

Total de ingresos netos contables

= _____

Pago máximo de asistencia

Asistencia máxima para ____ personas (unidad de asistencia + personas que no forman parte de la unidad de asistencia)

\$ _____
 + _____
 = _____

Necesidades especiales (unidad de asistencia solamente)

= _____

Pago máximo de asistencia

= _____

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP 44-207.2, 44-207.3

Audiencia con el estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de la página 1, se explica cómo solicitarla.

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

- Usted tiene solamente 90 días para solicitar una audiencia. Los 90 días comenzaron un día después de la fecha en que le dimos o enviamos esta notificación.
- Si desea seguir recibiendo los mismos beneficios, tiene mucho menos tiempo para pedir una audiencia.

Para conservar sus mismos beneficios mientras espera una audiencia

Tiene que solicitar la audiencia antes que la acción entre en vigor.

- Su asistencia monetaria permanecerá sin cambios hasta que se lleve a cabo su audiencia.
- Sus beneficios de Medi-Cal (Programa de Asistencia Médica de California) permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Sus estampillas para comida permanecerán sin cambios hasta que se lleve a cabo la audiencia o hasta el fin de su período de certificación; lo que ocurra primero.
- Sus beneficios de CalWORKs (Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños) para el cuidado de niños **NO** permanecerán sin cambios hasta que se lleve a cabo su audiencia.
- Si la decisión de la audiencia indica que estamos en lo correcto, usted nos deberá cualquier asistencia monetaria o estampillas para comida que usted haya recibido de más.

Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúe su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque una o ambas casillas.

- Asistencia monetaria Estampillas para comida

Para obtener ayuda

Puede obtener información acerca de sus derechos a una audiencia o asesoramiento legal gratuito llamando al teléfono de información del estado.

Número gratuito:

1-800-952-5253

Si es sordo y usa TDD:

(aparato de telecomunicaciones para las personas sordas)

1-800-952-8349

Es posible que pueda obtener asesoramiento legal gratuito en la oficina local de asesoramiento legal (*legal aid*) o del grupo para la defensa de los derechos relacionados a la asistencia pública.

Otra información

Mantenimiento de hijos y/o mantenimiento en relación al cuidado de la salud: La Oficina del Fiscal del Distrito le ayudará a cobrar mantenimiento de hijos aun cuando no esté recibiendo asistencia monetaria. Este servicio es gratuito. Si en la actualidad están cobrando mantenimiento de hijos a su nombre, ellos continuarán haciéndolo hasta que usted les dé aviso por escrito indicándoles que paren. Le enviarán a usted cualesquier cantidades actuales de mantenimiento que cobren. Se quedarán con las cantidades atrasadas de mantenimiento que cobren para pagar lo que se le debe al condado.

Planificación familiar: Su oficina de bienestar público le proporcionará información cuando usted la solicite.

Expediente de la audiencia: Si usted solicita una audiencia, la oficina de audiencias con el estado formará un expediente. Usted tiene el derecho de examinar este expediente. El Estado puede dar su expediente al departamento de bienestar público, al Departamento de Salud y Servicios Humanos de los Estados Unidos y al Departamento de Agricultura de los Estados Unidos. (Sección 10950 del Código de Bienestar e Instituciones)

COMO PEDIR UNA AUDIENCIA CON EL ESTADO

La mejor manera de solicitar una audiencia es llenar esta página. Haga una copia del frente y del reverso para sus archivos. Luego envíe esta página a:

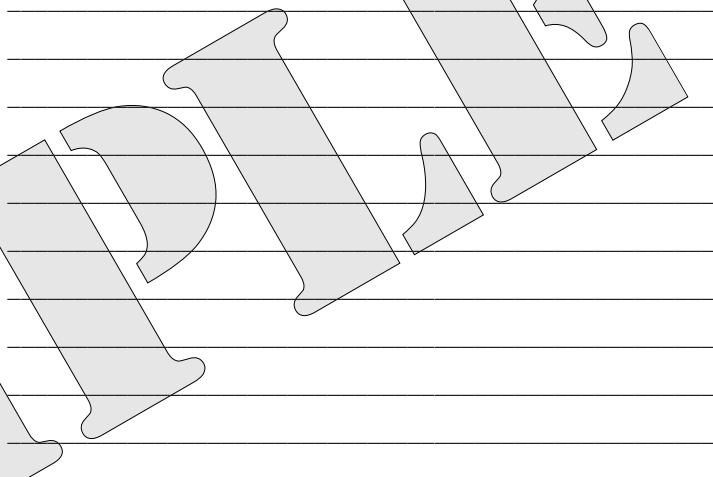
Su trabajador le dará a usted una copia de esta página si la pide. Otra manera de solicitar una audiencia es llamar al 1-800-952-5253. Si es sordo y usa TDD, llame al 1-800-952-8349.

PETICION PARA UNA AUDIENCIA

Deseo solicitar una audiencia a causa de una acción tomada por el Departamento de Bienestar Público del Condado de _____, acerca de mi(s)

- Asistencia monetaria Estampillas para comida
 Medi-Cal Cuidado de niños
 Otro (anote) _____

La razón es la siguiente:



- Marque aquí y agregue otra hoja si necesita más espacio.
 Quiero que la persona mencionada abajo me represente en esta audiencia. Le doy permiso a esta persona que vea mis expedientes o que vaya a la audiencia en mi lugar.

NOMBRE _____

DIRECCION _____

- Necesito un intérprete sin costo para mí.

Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

Teléfono: _____

Mi No. de caso: _____

Mi firma: _____

Fecha: _____

INSTRUCTIONS

NA 301 (1/98) Continuation Page - Applicant Financial Eligibility

Use as a continuation of a "Page 1" NOA to show how the applicant family's income (Assistance Unit + Non-Assistance Unit Members) fails eligibility.

Check the first box if the income is more than the basic need standard for the family (AU + Non-AU Members).

The \$90 disregard is per each employed person and does not carryover to another family member's income.

Fill in the page number and the number of pages at the bottom of the page.

Revision Date: **NEW** 1/98
file: pkian/NAFORMS/301.instr

NOTICE OF ACTION

(Continued)

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

APPLICANT - FINANCIAL ELIGIBILITY TEST

Notice Date :	_____
Case Name :	_____
Number Worker Name :	_____
Number :	_____
Telephone:	_____
Address :	_____

- You are ineligible because your **Net Countable Income** is more than your **Family Needs**.

Family's Total Earned Income

(Assistance Unit + Non-Assistance Unit Members) . . . \$ _____

\$90 Disregard for each employed person - _____

Other Nonexempt Income

(Assistance Unit + Non-Assistance Unit Members) . . . + _____

Net Countable Income = _____

Family Needs

Basic Need for _____ Persons

(Assistance Unit + Non-Assistance Unit Members) . . . \$ _____

Special Needs (Assistance Unit only) + _____

Family Needs = _____

Rules: These rules apply; you may review them at your welfare office: MPP

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.

YOUR HEARING RIGHTS

To Ask For a State Hearing

- You only have 90 days to ask for a hearing. The 90 days started the day after we gave or mailed you this notice.
- You have a much shorter time to ask for a hearing if you want to keep your same benefits.

To Keep Your Same Benefits While You Wait For a Hearing

You must ask for a hearing before the action takes place.

- Your Cash Aid will stay the same until your hearing.
- Your Medi-Cal will stay the same until your hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.
- Your CalWORKs Child Care benefits will **NOT** stay the same until your hearing.
- If the hearing decision says we are right, you will owe us for any extra cash aid or food stamps you got.

To Have Your Benefits Cut Now

If you want your Cash Aid or Food Stamps cut while you wait for a hearing, check one or both boxes.

- Cash Aid Food Stamps

To Get Help

You can ask about your hearing rights or free legal aid at the state information number.

Call toll free: 1-800-952-5253

If you are deaf and use TDD, call: 1-800-952-8349

You may get free legal help at your local legal aid office or welfare rights group.

Other Information

Child and/or Medical Support: The District Attorney's office will help you collect support even if you are not on cash aid. There is no cost for this help. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you any current support money collected. They will keep past due money collected that is owed to the county.

Family Planning: Your welfare office will give you information when you ask for it.

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page. Make a copy of the front and back for your records. Then, send or take this page to:

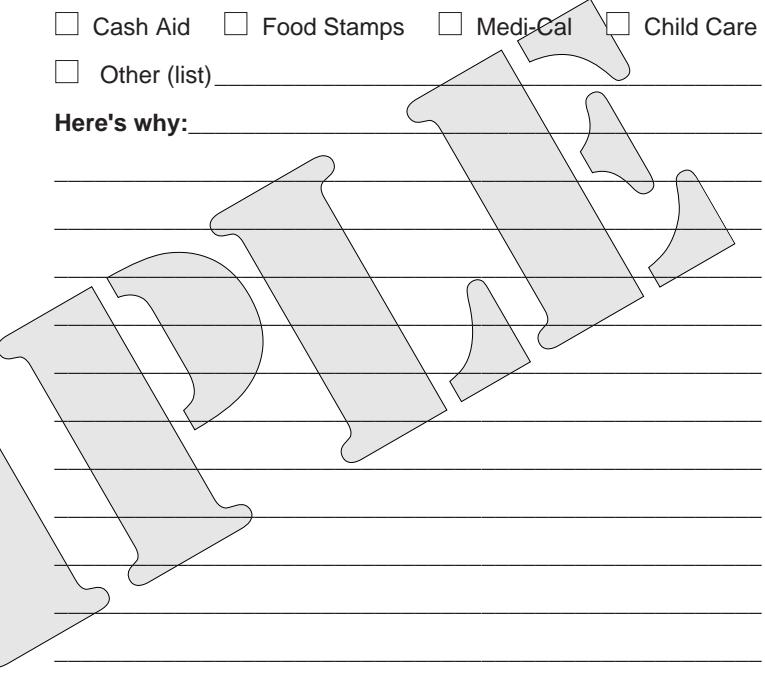
Your worker will get you a copy of this page if you ask. Another way to ask for a hearing is to call 1-800-952-5253. If you are deaf and use TDD, call: 1-800-952-8349.

HEARING REQUEST

I want a hearing because of an action by the Welfare Department of _____ County about my

- Cash Aid Food Stamps Medi-Cal Child Care
 Other (list) _____

Here's why: _____



Check here and add a page if you need more space.

I want the person named below to represent me at this hearing. I give my permission for this person to see my records or come to the hearing for me.

NAME _____

ADDRESS _____

I need a free interpreter.

My language or dialect is: _____

My name: _____

Address: _____

Phone: _____

My case number: _____

My signature: _____

Date: _____

NOTIFICACION DE ACCION

(Continuación)

SOLICITANTE - PRUEBA DE ELEGIBILIDAD POR RAZONES ECONOMICAS

CONDADO DE

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Fecha de la notificación :	_____
Nombre del caso :	_____
Número	_____
Nombre del trabajador :	_____
Número	_____
Teléfono :	_____
Dirección :	_____



Usted no reúne los requisitos debido a que sus **ingresos netos contables** son más altos que las **necesidades de su familia**.

Total de los ingresos ganados de la familia

(Unidad de asistencia + personas que no forman

parte de la unidad de asistencia) \$ _____

Deducción de \$90 por cada persona que está empleada - _____

Otros ingresos no exentos

(Unidad de asistencia + personas que no forman

parte de la unidad de asistencia) + _____

Ingresos netos contables = _____

Necesidades de la familia

Necesidades básicas para personas

(Unidad de asistencia + personas que no forman

parte de la unidad de asistencia) \$ _____

Necesidades especiales (unidad de asistencia solamente) + _____

Necesidades de la familia = _____

Reglas: Las siguientes reglas, las cuales puede revisar en la oficina de bienestar público, son pertinentes: MPP

Audiencia con el estado: Si usted cree que esta acción está equivocada, puede solicitar una audiencia. En el reverso de la primera página se le explica cómo solicitarla.

SUS DERECHOS A UNA AUDIENCIA

Para pedir una audiencia con el estado

- Usted tiene solamente 90 días para solicitar una audiencia. Los 90 días comenzaron un día después de la fecha en que le dimos o enviamos esta notificación.
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Para conservar sus mismos beneficios mientras espera una audiencia

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Para que se descontinúen ahora sus beneficios

Si usted desea que se descontinúe su asistencia monetaria o sus estampillas para comida mientras espera una audiencia, marque una o ambas casillas.

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Si es sordo y usa TDD:

(aparato de telecomunicaciones para las personas sordas)

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Planificación familiar: Su oficina de bienestar público le proporcionará información cuando usted la solicite.

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COMO PEDIR UNA AUDIENCIA CON EL ESTADO

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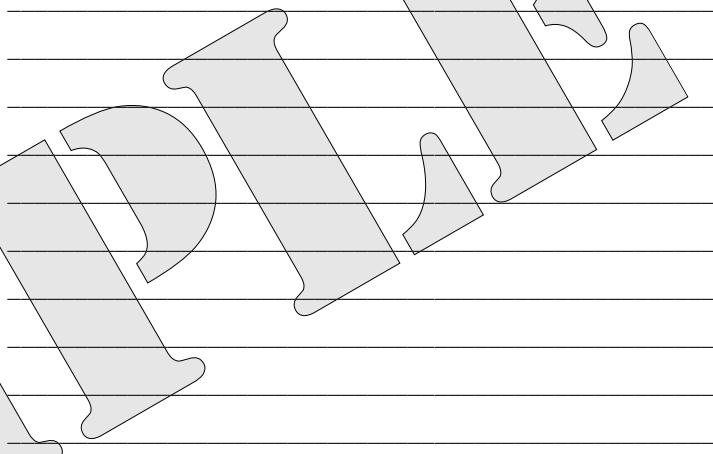
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PETICION PARA UNA AUDIENCIA

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- Asistencia monetaria Estampillas para comida
 Medi-Cal Cuidado de niños
 Otro (anote) _____

La razón es la siguiente:



- Marque aquí y agregue otra hoja si necesita más espacio.
 Quiero que la persona mencionada abajo me represente en esta audiencia. Le doy permiso a esta persona que vea mis expedientes o que vaya a la audiencia en mi lugar.

NOMBRE _____

DIRECCION _____

- Necesito un intérprete sin costo para mí.

Mi idioma es el: _____

Mi nombre: _____

Dirección: _____

Teléfono: _____

Mi No. de caso: _____

Mi firma: _____

Fecha: _____

ATTACHMENT 7

INFORMING LANGUAGE

NEW CASH AID RULES EFFECTIVE JANUARY 1, 1998

Rules have changed relating to income eligibility and how your income is counted.

CASH-AID RULES OF ELIGIBILITY

Applicants will not be eligible for cash aid if their family's gross income, less \$90 from earned income per employed person, is more than the Minimum Basic Standard of Adequate Care (MBSAC) for the family. The family includes members of the assistance unit (AU) and certain Non-AU family members living in the same home. Recipients will not be eligible for cash aid if their family's net income is more than the Maximum Aid Payment (MAP) for the AU.

Non-AU family members are relatives who are excluded from the AU but live in the same home, such as:

- ineligible alien parents and ineligible alien children
- stepparents
- step-siblings of the aided child(ren)
- parents excluded by law from getting cash aid, such as a father of the unborn
- unmarried parents who have a child in common with the aided parent and the common child
- senior parents

INCOME FROM NON-AU FAMILY MEMBERS

The way of figuring the amount of income considered as available to your AU from Non-AU family members will change the way your cash aid is figured. The new rules use the gross income of all family members living in the home, including AU and Non-AU family members, to figure if you are eligible and your cash aid amount. These rules do not apply to any family member receiving SSI/SSP.

Reporting responsibilities will change. You must report and provide proof of all Non-AU family members' income even if you did not in the past.

TREATMENT OF SELF-EMPLOYMENT

Self-employed **recipients** will have a choice of figuring their business expenses based on a standard deduction of 40 percent of gross income or using actual business expenses. Once a self-employed **recipient** chooses a method of figuring his/her self-employed net income, he/she can only change that way of figuring expenses at redetermination or every six months whichever happens sooner.

DISREGARDS

Net nonexempt income: The disregards used to figure your net nonexempt income have changed. Your family, including AU and Non-AU members, will get a total disregard of \$225. This disregard is first subtracted from certain disability-based unearned income. Any remainder is then subtracted from the earned income of AU and Non-AU family members. If there is a remainder of earned income, 50 percent of the earned income will be disregarded. The remainder is your **net countable income**.

Disability-based income is limited to the following:

- State Disability Insurance (SDI)
- Private disability insurance benefits
- Temporary Workers' Compensation (TWC)
- Temporary Disability Indemnity (TDI)
- Social Security Disability Insurance (SSDI)

Recipients will be paid for their child care costs for November and December 1997 through the Supplemental Child Care (SCC) Program. When figuring cash aid for January and February 1998, child care costs in November and December 1997 will not be allowed as a disregard. The child care disregard will be replaced by a direct payment system. You will get another notice telling you about the new payment system for child care costs.

These changes mean the following disregards will no longer be deducted when figuring the AU's net non-exempt income:

- the \$30 and 1/3 earned income and \$90 standard work expense disregards
- court ordered child support and spousal support paid by AU members to persons living outside your home
- support paid to others not living in the home who are claimed as federal tax dependents by Non-AU family members
- dependent care and child care costs

CHANGE IN EXEMPTIONS

The families that are eligible for the higher MAP amount will change. As of January 1, 1998, the only AUs that will be eligible to receive the higher MAP are families where each of the adult relative caretakers in the AU:

- Gets State Disability Insurance or
- Gets In-Home Support Services or
- Gets Social Security Income (SSI) State Supplemental Payment (SSP) or
- Gets Temporary Workers' Compensation or
- Gets Temporary Disability Indemnity or
- Is a non-parent caretaker relative and who is not included in the AU

HOW YOUR CASH AID WILL BE FIGURED

Starting January 1, 1998, your cash aid will be figured differently. Your net income will have a new earned income disregard.

- **Recipients:** Your income from the month of November 1997 will be used to compute your January 1998 cash aid.
- **Applicants:** Your January 1998 cash aid is based on your January 1998 income.

Your cash aid will be figured by subtracting your family's net countable income from the MAP for your family. The amount paid each month cannot be more than the MAP plus any allowable special needs for your AU.

The MAP levels for Region 1 and Region 2 for AUs will continue.

EXAMPLE 1:

Mother and father with 2 children receive cash assistance. Mother works part-time earning \$800 per month. Father receives \$300 in Social Security Disability Insurance benefits. Family is non-exempt and living in Region 2.

\$300	Disability-based Unearned Income
-225	Income Disregard
\$ 75	Nonexempt Disability-based Income
\$800	Earned Income
-400	50% Earned Income Disregard
\$400	Net Nonexempt Earned Income
+ 75	Nonexempt Disability-based Income
\$475	Total Net Countable Income
\$641	Nonexempt MAP for 4 (Region 2)
- 475	Total Countable Income
\$176	Cash Aid Amount

EXAMPLE 2:

Recipient with 2 children works part-time earning \$925 per month. Family is non-exempt and living in Region 2.

\$925	Earned Income
-225	Income Disregard
\$700	Nonexempt Earned Income
-350	50% Earned Income Disregard
\$350	Net Countable Earned Income
\$538	Nonexempt MAP for 3 (Region 2)
-350	Net Countable Income
\$188	Cash Aid Amount

NUEVAS REGLAS SOBRE LA ASISTENCIA MONETARIA A PARTIR DEL 1º DE ENERO DE 1998

**Las reglas han cambiado en relación a la elegibilidad basada en los ingresos
y la manera en que se cuentan los ingresos**

REGLAS DE ELEGIBILIDAD PARA RECIBIR ASISTENCIA MONETARIA

Los solicitantes no serán elegibles para asistencia monetaria si los ingresos brutos de la familia, menos \$90 de ingresos ganados por cada persona empleada, son más que el MBSAC (estándar mínimo básico de cuidado adecuado) para la familia. La familia incluye a miembros de la AU (unidad de asistencia) y a ciertos miembros de la familia que no forman parte de la AU pero viven en el mismo hogar. Los beneficiarios no serán elegibles para asistencia monetaria si los ingresos netos de su familia son más que el MAP (pago máximo de asistencia) para la AU.

Miembros de la familia que no forman parte de la unidad de asistencia son familiares no incluidos en la unidad de asistencia que viven en el mismo hogar, por ejemplo:

- padres inmigrantes no elegibles y niños inmigrantes no elegibles
- padrastros/madrastras
- hermanastros/hermanastras de los niños que reciben asistencia
- padres que la ley excluye de recibir asistencia monetaria, por ejemplo, el padre de un bebé que no ha nacido
- padre/madre no casado que tiene un hijo en común con el padre/madre que recibe asistencia y también el hijo que tienen en común
- padres/madres de un padre/madre adolescente

INGRESOS DE LOS MIEMBROS DE LA FAMILIA QUE NO FORMAN PARTE DE LA UNIDAD DE ASISTENCIA

La manera en que se calcula la cantidad que se usa de los ingresos de los miembros de la familia que no forman parte de la unidad de asistencia cambiará la manera en que se calcula la asistencia monetaria. Para determinar si usted es elegible y calcular la cantidad de asistencia monetaria, las nuevas reglas usan los ingresos brutos de todos los miembros de la familia que viven en el hogar, incluyendo a la AU y a los miembros de la familia que no forman parte de la AU. Estas reglas no aplican a ninguno de los miembros de la familia que reciben SSI/SSP (Ingresos Suplementales de Seguridad/Pagos Suplementarios del Estado).

Cambiarán las responsabilidades de reportar. Usted tiene que reportar y proporcionar pruebas de los ingresos de todos los miembros de la familia que no forman parte de la unidad de asistencia aun si usted no hacía esto en el pasado.

COMO SE TRATARÁ EL EMPLEO POR CUENTA PROPIA

Los **beneficiarios** que tienen empleo por cuenta propia tendrán la opción de calcular sus gastos del negocio basándose en el estándar del 40 por ciento de los ingresos brutos como una deducción o usar los gastos verdaderos del negocio. Una vez que el **beneficiario** que trabaja por cuenta propia escoja el método para calcular sus ingresos netos provenientes del trabajo por cuenta propia, él o ella solamente podrá cambiar la manera en que calcula sus gastos durante una nueva determinación o cada seis meses, la fecha que ocurra primero.

DEDUCCIONES

Ingresos netos que no están exentos: Han cambiado las deducciones que se usaban para calcular sus ingresos netos que no están exentos. Su familia, incluyendo a la AU y a los miembros que no forman parte de la AU, recibirá una deducción total de \$225. Esta deducción primero se resta de ciertos ingresos no ganados basados en incapacidad/discapacidad. Cualquier cantidad que sobre se restará de los ingresos ganados de la AU y los miembros de la familia que no forman parte de la AU. Si hay un saldo de ingresos ganados, el 50 por ciento de los ingresos ganados se considerará como deducción. El saldo se considera sus **ingresos netos contables**.

Ingresos basados en incapacidad/discapacidad se limitan a los siguientes:

- SDI (Seguro del Estado contra Incapacidad)
- Beneficios de un seguro privado contra incapacidad
- TWC (Compensación Temporal por Lesiones de Trabajo)
- TDI (Indemnización por Incapacidad Temporal)
- SSDI (Seguro del Seguro Social por Incapacidad/Discapacidad)

A los **beneficiarios** se les pagarán los costos del cuidado de sus niños para noviembre y diciembre de 1997 a través del SCC (Programa de Pagos Suplementales para el Cuidado de Niños). Cuando se calcule la asistencia monetaria para enero y febrero de 1998, los costos del cuidado de niños de noviembre y diciembre de 1997 no se permitirán como una deducción. La deducción por cuidado de niños se reemplazará con un sistema de pago directo. Usted recibirá otra notificación que le hablará acerca del nuevo sistema de pago para los costos de cuidado de niños.

Estos cambios significan que las siguientes deducciones ya no se usarán cuando se calculen los ingresos netos de la AU que no están exentos:

- la deducción de \$30 y 1/3 de los ingresos ganados y la deducción normal de \$90 por gastos de trabajo
- el mantenimiento de hijos/esposa(o) ordenado por la corte y pagado por miembros de la AU a otras personas que no viven en su hogar
- mantenimiento que se pagó a otras personas que no viven en el hogar y a quienes se reclaman como dependientes en la declaración de impuestos federales por los miembros de la familia que no forman parte de la AU
- gastos de cuidado de niños y de cuidado de personas a su cargo

CAMBIO EN LAS EXENCIOS

Habrá un cambio respecto a cuáles familias son elegibles para recibir una cantidad más alta de MAP (pago máximo de asistencia). A partir del 1º de enero de 1998, las únicas AU (unidad de asistencia) que serán elegibles para recibir un MAP más alto serán familias en donde cada uno de los adultos encargados del cuidado continuo de un familiar en la AU:

- recibe Seguro del Estado contra Incapacidad o
- recibe Servicios de Casa y Cuidado Personal o
- recibe SSI (Ingresos Suplementales de Seguridad) SSP (Pagos Suplementarios del Estado) o
- recibe Compensación Temporal por Lesiones de Trabajo o
- recibe Indemnización por Incapacidad Temporal o
- es una persona encargada del cuidado continuo de un familiar pero no es el padre/madre y no está incluido en la AU

COMO SE CALCULARA SU ASISTENCIA MONETARIA

Comenzando el 1º de enero de 1998, su asistencia monetaria se calculará de una manera diferente. Sus ingresos netos tendrán una nueva deducción por ingresos ganados.

- **Beneficiarios:** Sus ingresos del mes de noviembre de 1997 se usarán para calcular la cantidad de su asistencia monetaria para el mes de enero de 1998.
- **Solicitantes:** La cantidad de su asistencia monetaria para el mes de enero de 1998 se basará en sus ingresos para el mes de enero de 1998.

La cantidad de su asistencia monetaria se calculará restando los ingresos netos contables de su familia del MAP para su familia. La cantidad que se paga cada mes no puede exceder el MAP más las necesidades especiales que se permitan para su AU.

Para las AU, los niveles del MAP para la Región 1 y la Región 2 continuarán.

EJEMPLO 1:

La madre y el padre con 2 niños reciben asistencia monetaria. La madre trabaja tiempo parcial y gana \$800 al mes. El padre recibe \$300 en beneficios del Seguro del Seguro Social por Incapacidad/Discapacidad. La familia no es elegible para recibir una cantidad más alta de MAP y vive en la Región 2.

\$300	Ingresos no ganados basados en incapacidad/discapacidad
<u>-225</u>	Deducción en los ingresos
\$ 75	Ingresos basados en incapacidad/ discapacidad que no están exentos
\$800	Ingresos ganados
<u>-400</u>	Deducción del 50% de los ingresos ganados
\$400	Ingresos netos ganados que no están exentos
<u>+ 75</u>	Ingresos basados en incapacidad/ discapacidad que no están exentos
<u>\$475</u>	Total de ingresos netos contables
\$641	MAP para una familia de 4 personas que no es elegible para recibir una cantidad más alta (Región 2)
<u>- 475</u>	Total de ingresos contables
\$176	Cantidad de la asistencia monetaria

EJEMPLO 2:

El beneficiario con 2 niños trabaja tiempo parcial ganando \$925 al mes. La familia no es elegible para recibir una cantidad más alta de MAP y vive en la Región 2.

\$925	Ingresos ganados
<u>-225</u>	Deducción en los ingresos
\$700	Ingresos ganados que no están exentos
<u>-350</u>	Deducción del 50% de los ingresos ganados
\$350	Ingresos ganados netos contables
\$538	MAP para una familia de 3 personas que no es elegible para recibir una cantidad más alta (Región 2)
<u>-350</u>	Ingresos netos contables
\$188	Cantidad de la asistencia monetaria